DOCUMENT RESUME

ED 028 772 JC 690 126

Criteria for Quality (Part II): Proceesings; Papers Presented at the National Conference for Associate Degree Programs in Nursing (4th , San Francisco, March 3-4, 1967).

National League for Nursing, New York, N.Y. Dept. of Associate Degree Programs.

Report No-NLN-23-1285

Pub Date 67

Note-89p.

Available from-National League for Nursing, Department of Associate Degree Programs, 10 Columbus Circle, New York, New York 10019 ($1.75)

EDRS Price MF-$0.50 HC-$4.55

Descriptors-Accreditation (Institutions), Associate Degrees, *Junior Colleges, *Nursing, Post Secondary Education, *Subprofessionals, *Technical Education, *Vocational Education

Identifiers-*National League for Nursing

Patricipants heard eighteen papers , fourteen of which are included here. On the topic of federal agencies and funding, the Nurse Training Act of 1964, the Nursing Student Loan Program, and the Vocational Education Act of 1963 were discussed, emphasizing nursing education in two-year post-secondary institutions. These presentations were followed by a panel on accreditation, which presented an overview, the viewpoints of the American Association of Junior Colleges and the American Nurses' Association on associate degree nursing programs, the viewpoint of the National League for Nursing on baccalaureate and other higher degree nursing programs, and a discussion of the values of accreditation in general to a community college. Topics of other papers included the identification of criteria to support change; innovations in nursing education; the use of closed-circuit television, single-loop films, and other teaching aids; and reviews of several current training programs for nursing faculty. (Part I of these proceedings is reported in the preceding document of the same title.) (MC)

ED028772

PROCEEDINGS--

FOURTH NATIONAL CONFERENCE
ASSOCIATE DEGREE PROGRAMS IN NURSING

CRITERIA FOR QUALITY

PART II

JC 690 126

MARCH 3-4, 1967
SAN FRANCISCO
CALIFORNIA

NATIONAL LEAGUE FOR NURSING
1967

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL OFFICE OF EDUCATION POSITION OR POLICY.

CRITERIA FOR QUALITY

PROCEEDINGS

Papers Presented
at the

FOURTH NATIONAL CONFERENCE
FOR
ASSOCIATE DEGREE PROGRAMS IN NURSING

March 3-4, 1967
San Francisco, California

NATIONAL LEAGUE FOR NURSING
Department of Associate Degree Programs
10 Columbus Circle, New York, N.Y. 10019

1967

UNIVERSITY OF CALIF.
LOS ANGELES

APR 4 1969

CLEARINGHOUSE FOR
JUNIOR COLLEGE
INFORMATION

C Code Number: 23-1285 • Price: $1.75

CONTENTS

Page

Foreword i

Participants (Roster) ii

FEDERAL AGENCIES AND FUNDING

"Nurse Training Act of 1964" Jessie M. Scott 1

"The Nursing Student Loan Program" Mary L. Siever 9

"Vocational Education Act of 1963" Celeste Mercer 13

PANEL ON ACCREDITATION

"An Overview of Accreditation" Frank G. Dickey 20

"The American Association of Junior Colleges' View of the Associate Degree Nursing Program" Bill J. Priest 27

"The ANA Views Associate Degree Nursing" Jo Eleanor Elliott 31

"The Viewpoint of the NLN and the Department of Baccalaureate and Higher Degree Programs" Lulu Wolf Hassenplug 34

"Values of Accreditation to a Community College" James McCann 38

CRITERIA FOR CHANGE Shirley Sears Chater 43

INNOVATIONS IN NURSING EDUCATION Eleanor A. Tourtillott 46

CLOSED CIRCUIT TELEVISION Beatrice Perlmutter 55

DEVELOPING SINGLE-LOOP FILMS AND TEACHING AIDS WITHIN THE COLLEGE STRUCTURE Shirley Conklin 62

Demonstration. Robin W. Schechter 64

THE UNIVERSITY OF WASHINGTON PROGRAM FOR PREPARATION OF ADN INSTRUCTORS Doris A. Geitgey 68

FACULTY PREPARATION FOR ASSOCIATE DEGREE NURSING IN A MASTERS PROGRAM Mary W. Searight 73

APPENDIX: Program of the Fourth National Conference 79

Current Publications 83

FOREWORD

These proceedings of the Fourth National Conference bring to conclusion the series of meetings supported by funds from Sealantic Funds, Inc.

We feel that the full purpose of these funds has been realized now that we have an active Council within the National League for Nursing representing associate degree programs from across the country, and that the contents of these conferences have been most helpful in establishing programs and improving existing programs at the associate degree level.

The Department is most grateful to the Sealantic Fund for its support in our efforts to improve the quality of this relatively young branch of nursing education.

We would like to take this opportunity to thank the hundreds of people who have participated willingly in these conferences to help upgrade programs and keep us abreast of the many activities related to the growth of associate degree nursing programs, i.e., Federal Funding, accreditation, innovations in the field of nursing, etc. Without the support of these many contributors, we would not have been able to achieve some of the realities now in existence.

GERALD J. GRIFFIN, Director
Department of Associate
Degree Programs

September 1967

PARTICIPANTS

LOIS M. AUSTIN, Ph.D.
President and Chairman,
Division of Nursing Education
University of Pittsburgh
Pittsburgh, Pennsylvania

CYNTHIA G. BARNES
Director, School of Nursing,
Department of Technical Nursing
University of Hawaii
Honolulu, Hawaii

ISAAC K. BECKES, Ph.D.
President
Vincennes University
Vincennes, Indiana

SHIRLEY S. CHATER, Ph.D.
Assistant Professor,
School of Nursing
University of California
San Francisco, California

SHIRLEY CONKLIN
Coordinator RN Program
College of Marin
Kentfield, California

FRANK G. DICKEY, Ed.D.
Executive Director,
National Commission on Accrediting
Washington, D.C.

ALICE EHRHART
Professor, Department of Nursing
Bronx Community College
New York City

JO ELEANOR ELLIOTT
President, American Nurses' Association,
and Director of Nursing Programs
Western Interstate Commission for
Higher Education
Boulder, Colorado

DORIS A. GEITGEY, Ed.D.
Associate Professor, Project Director,
Kellogg Project for AD Nursing Programs
School of Nursing
University of Washington
Seattle, Washington

GERALD J. GRIFFIN
Director, Department of AD Programs
National League for Nursing
New York, New York

MARGARET HARTY, Ed.D.
President and Chairman,
Division of Nursing and Health Services
Chabot College
Hayward, California

LULU WOLF HASSENPLUG, Sc.D.
Dean and Professor,
School of Nursing
University of California
Los Angeles Center for the Health
Sciences
Los Angeles, California

CONSTANCE HOLLERAN
Chief, Projects Grants Section
Division of Nursing, USPHS
Arlington, Virginia

SYLVIA LANDE, Ed.D.
Assistant Director,
Research and Studies Service,
National League for Nursing
New York, New York

JAMES McCANN
President,
Henry Ford Community College
Dearborn, Michigan

SIDNEY E. McGAW, Ed.D.
President-elect and Dean,
Vocational Education
San Jose City College
San Jose, California

CELESTE MERCER
Department of Nursing
Sacramento City College
Sacramento, California

PARTICIPANTS (Cont'd)

*LT. COL. META MILLS
Chief Nurse,
6510th U.S. Air Force Hospital
Edwards Air Force Base
California

MARY JO MIRLENBRINK
Nurse Consultant,
Construction Grants Section
Division of Nursing, USPHS
Arlington, Virginia

BEATRICE PERLMUTTER, Ed.D.
Head, Department of Nursing
Bronx Community College
New York City

BILL J. PRIEST, Ed.D.
President, AAJC, and
President, Dallas County Junior
College District
Dallas, Texas

DOROTHY E. REESE
Chief, Construction Grants Section,
Division of Nursing, USPHS
Arlington, Virginia

ROBIN W. SCHECHTER
Instructor, Nursing Program
College of Marin
Kentfield, California

JESSIE M. SCOTT
Director, Division of Nursing, USPHS
Arlington, Virginia

MARY SEARIGHT
Lecturer, School of Nursing
University of California
San Francisco, California

MARY L. SIEVER
Associate Chief, Program Analysis and
Review, Student Loan and Scholarship
Branch, Division of Health Manpower
Educational Services, USPHS
Arlington, Virginia

ELEANOR A. TOURTILLOTT
Coordinator, Department of Nursing
Henry Ford Community College
Dearborn, Michigan

DOROTHY T. WHITE, Ed.D.
Chairman, and Professor and Chairman,
Department of Nurse Education
Rockland Community College
Suffern, New York

---

*Did not attend.

NURSE TRAINING ACT OF 1964

Jessie M. Scott

In the time we have with you this morning, we thought we would like to make the discussion of the Nurse Training Act as simple and as direct as possible. I will give you a brief overview of the Nurse Training Act, our progress to date, and some indication on how to apply for funds. Then specific questions you may have about various sections of the Act will be answered by the people who work in the program all the time. I have with me Mrs. Dorothy Reese, Chief of the Construction Grants Section of the Division of Nursing; Miss Mary Jo Mirlenbrink, who works with Mrs. Reese and with people who are interested in building facilities for the teaching of the nursing students; and Miss Constance Holleran, who works with the schools that are interested in developing projects to strengthen their teaching programs.

The Nurse Training Act, as you all know, was signed by President Johnson in September of 1964; a short eight months after it was introduced into the 88th Congress. The first funds were awarded under the Nurse Training Act early in 1965, just about two years ago. These funds were awarded for student loan programs.

The legislation encompassed in the Nurse Training Act is an outcome of the comprehensive survey of the national nursing needs carried out by the Surgeon General's Group on Nursing. In their report of 1963, "Towards Quality in Nursing: Needs and Goals," they described the national scene as they saw it in relation to nursing needs and set some goals for us in nursing, described or indicated what the Federal role ought to be relative to nursing, and made a number of recommendations to the Federal government and one recommendation to the profession itself. Their recommendations are reflected in a number of ways:

1. Stimulation of recruitment to schools of nursing through financial assistance for regional planning, low cost loans to nursing students, and scholarships to worthy collegiate students.

2. Assistance to schools of nursing to expand and improve the quality of educational programs through construction, through project grants, and reimbursements to schools for partial costs of educating students.

3. Assistance to professional nurses for advanced training in one of the functional areas of administration, supervision, or teaching and in the practice area of clinical nursing specialization.

4. Assistance to hospitals and health agencies to improve the utilization of nursing personnel as well as to improve the setting in which nurses work and in which students receive their training.

5. Increased support for research in nursing.

The Surgeon General's Consultant Group on Nursing described a fairly comprehensive approach to nursing needs in this country and ways in which the Federal government might assist in meeting these needs. I think it is fair to say that underscoring their recommendations were their concerns about the nursing shortage: quantitatively and qualitatively.

Quantitatively they established for us a goal of 850,000 nurses to be in active practice by 1970. The Division of Nursing has since up-dated this figure and estimates that we will need 1 million in active practice by 1975. This means then that we need schools, we need our jobs filled, and we need to recruit people into nursing. Quantitative concerns of the Group were with the number of nurses needed in active practice.

Qualitatively they talked at great length about the critical misuse of nursing skills which had been occurring in the 50's and continues on into the 60's, the wastage of people in nursing through attrition from schools of nursing and through attrition from the profession itself, and the needs to study nursing practice. They also described somewhat the slippage between education and practice and the need for connection between how people learn and how people work.

Some, but not all, of the recommendations of the Surgeon General's Group on Nursing are encompassed in the Nurse Training Act of 1964. And I would like to say that again. Some, but not all, of the recommendations of the Surgeon General's Group are in the Nurse Training Act as presented to the Congress. The reason I repeat this is that when people read the Report of the Group and see the recommendations they think they are all in the Nurse Training Act. They are not, unfortunately, although a good many of them are.

When the Nurse Training Act was signed by President Johnson in 1964 it initiated a 5-year program encompassing the support of $283 million to educational institutions, nursing schools, and to individuals undertaking nurse training. There are Federal matching grants for construction of school facilities; that is to build, renovate, and equip teaching facilities; grants to schools of nursing for projects to strengthen, improve, or expand their programs to teach and train nurses; and formula grants to diploma schools of nursing to partially reimburse them for costs of training students whose enrollments can be reasonably attributed to the Nurse Training Act.

There are funds then for institutions through construction grants, through project grants to strengthen teaching programs, and formula grants limited to diploma schools of nursing. There is also support to individuals through traineeships or training grants to graduate nurses for advanced preparation in administration, supervision, teaching, or in a clinical nursing specialty. The traineeship awarded to the individual nurse includes the cost of tuition and fees, a monthly stipend support, and in some cases, dependency allowances. The second means of support to the individual is through low-interest partially cancelable loans to students enrolled full-time in nursing school programs. You should keep in mind, then, that the Nurse Training Act divides itself in two ways insofar as support is concerned; support to institutions and support to individuals.

The Law describes who is eligible for funds under the Nurse Training Act. First, institutions, that is schools of nursing, must be public or non-profit. In the Law a school of nursing is defined as a program in nursing leading to a diploma, an associate degree, a baccalaureate or graduate degree, or equivalent. Thus the school of nursing in the Law means program in nursing. Since some schools have more than one program, we have more programs eligible than we have schools. We must always keep in mind, therefore, that we are talking about programs rather than about schools of nursing; and we are talking about public or non-profit schools of nursing which include the diploma programs, the associate degree programs, the baccalaureate programs, the masters programs.

Secondly, to be eligible the program in nursing must be accredited or have reasonable assurance of meeting accreditation standards as determined by a body or bodies to be named by the Commissioner of Education. He has named the National League for Nursing as the body to give him information regarding the accreditation status of nursing programs across the country.

How are you eligible under the Act? Under the Construction Grants Section a new school, that is a school not yet having graduated its first class, is eligible for a construction grant under the reasonable assurance of accreditation clause. All other schools, that is existing schools having graduated a class, must be fully accredited. Thus for the construction grant a new school, one that has not yet graduated a class, is eligible under the reasonable assurance clause. All other schools must be fully accredited by the National League for Nursing.

For project grants, the grants to assist a school to improve its teaching program, the school or the program must either have full accreditation or reasonable assurance of reaching accreditation standards. Therefore, new schools or existing schools are eligible under full accreditation or reasonable assurance of accreditation.

The Formula Grant Section, which pertains only to diploma schools, requires that the schools must be fully accredited.

Under the Traineeship Program funds are awarded to academic institutions offering long-term training to graduate nurses in one of the specialties I have mentioned: administration, supervision, teaching, or clinical practice. The criteria for participation in the traineeship program was laid down in 1956 and renewed again in 1959 and 1963 by the Expert Advisory Committee which was the committee attached to the Traineeship Program. I don't have to tell you that the Traineeship Program was established under a separate piece of legislation in 1956 and is continued under the Nurse Training Act.

Who is eligible to receive traineeship funds in the terms of an individual? Nurses who are enrolled full-time in a course of study leading to the kind of study described. The nurse must also be a citizen of the United States or must have indicated her intention to become a citizen.

Before I take up each section of the Act, let me say again that it is easier to think of the Nurse Training Act in terms of awards to institutions and awards to individuals. The awards to institutions come through construction grants and curriculum improvement grants. Awards to individuals come through traineeships, support for the graduate nurse for specialty training, and to all nursing students enrolled full-time in courses of study through the loan program.

I shall mention construction grants but not in any great detail. We have both Mrs. Reese and Miss Mirlenbrink here to give you the details of the Construction Grants Section. The Act authorized for construction grants a total of $90 million for a 4-year period: $35 million for baccalaureate and higher degree programs and $55 million for associate degree and diploma programs in nursing. The funds can be used to build a new building or part of a new building for a new school or to expand an existing school. Funds can be used to replace an existing building of an existing school, to rehabilitate or renovate a building, to equip the building. Thus, construction monies can be used for new buildings, for new schools, or new buildings for existing schools. It isn't necessary that the school of nursing occupy the entire building. We can have Federal participation in part of a building; that part of the building which is set aside for the nursing program. If you are sharing a building with another program in the college, that part of the program which is for the teaching of nurses would be eligible for funds under the Nurse Training Act.

The purpose of the construction grants is to enable schools to expand their enrollment, to prevent curtailment in enrollment, to prevent deterioration of instruction due to obsolete facilities. We are talking, therefore, about construction to expand enrollments, to maintain enrollments, and to maintain quality of instruction in good facilities.

The grants are matching grants. In other words, there is Federal participation in the Construction Grant Program and participation on the part of the institution. The matching funds are described in this way: for a new school, or major expansion of an existing school, the matching funds are up to 66 2/3 percent of the total eligible costs for construction, and please keep in mind eligible costs. Mrs. Reese will describe more fully what is meant by eligible costs. For replacement, for renovation, or minor expansion the matching funds are up to 50 percent of total eligible costs. Depending, therefore, on the kind of program you are planning in terms of major expansion, a new building, a new school; or whether you are having renovation, replacement, or minor expansion of your program, you have Federal participation either up to 66 2/3 percent or up to 50 percent of the total eligible costs for the nursing programs.

I don't really think I need to describe to this group some of the needs for construction of schools of nursing. The major needs seem to be replacement of inadequate facilities which are crowded, obsolete, noisy, and in many instances scattered. The most frequently mentioned needs on the parts of the schools we have been working with are space for faculty, the need for privacy in student-faculty conferences, and the need for conference rooms and seminar rooms. This seems to give some indication that counseling is being widely used now in schools of nursing as a teaching method as well as the seminar type of instruction. We are hearing a lot, and seeing a lot too, on the use of new instructional media and the need for electronic kinds of equipment.

Since we were awarded our first funds, through December 31, 1966, 46 nursing programs have received funds under the Nurse Training Act. Eighteen of these are baccalaureate and masters programs, 3 associate degree programs, and 25 diploma school programs; for a total Federal share of $23 million. The number of first-year places created in these schools is 1,848. Thus we have, through the construction funds, awarded to 46 nursing programs almost 1,900 new places for people to study in our schools of nursing. These spaces represent a national enrollment increment of almost 3 percent based on our 1964-1965 data.

From what we can judge in relation to the Construction Grant Program, the impact of these funds will come through the enhancement of quality, in the improvement of facilities in which people teach and in which people study. We hope that the construction of good facilities will recruit and retain faculty and will recruit and retain students.

The next section of the Law, which relates to funds for schools of nursing, is the project grant. These are grants of funds awarded to a school of nursing to assist in meeting the additional costs of carrying out a project of limited duration. This means a project of from one to five years which will strengthen, improve, or expand the program to teach and train nurses. In other words, a group of faculty will sit down and decide in terms of their own teaching program what kind of a project they can carry out which will, in fact, either improve or expand their teaching program. They describe this project and submit it to the Division; the project is then reviewed; and, if the project is approved, funds are awarded.

The Act authorized $17 million over a 5-year period for project grants to strengthen teaching programs. These funds are being used for faculty development, for demonstration of new or more effective teaching methods, for curriculum revision, to establish new courses, to investigate ways to increase enrollment, or to decrease attrition or wastage from the school. So far, through December 1966, 88 grants have been awarded; 32 to diploma programs, 4 to associate degree programs, and 52 to baccalaureate and master programs. A number of schools particpate but are not the applicant institutions. Thereby, a total of 138 nursing programs are involved in the 88 grants which have been awarded. This means that a number of the institutions applied for funds to carry out projects which affect other schools besides their own. This means that we have 138 schools, really, benefiting and participating in the project although only 88 grants were awarded. We think that this is a good step in terms of nursing that schools are beginning to pool their capabilities. They are beginning to pool the thoughts and competencies of their faculties and some of their training materials with the result that we will have a wider impact in the use of these funds for project grants than is apparent in terms of grants awarded.

Next is the Loan Program which awards funds to individuals. The loans are designed to increase the number of nursing students by enabling those with financial needs to finance their education through long-term, low-interest loans. Suffice to say that the school applies for the loan fund, establishes it in the school, makes the loans to the nursing students, and recaptures the loan funds. I will let Miss Siever describe to you the complexities of the Loan Program.

The Traineeship Program is that part of the Nurse Training Act which carries forward a program established in 1956. Legislation as originally introduced was to increase the number of professional nurses prepared for teaching, administration and supervision. Under the Nurse Training Act preparation in a clinical nursing specialty is added.

The Nurse Training Act authorizes 50 million more dollars for the Traineeship Program for both long-term and short-term training.

Since the beginning of the program in 1956, about 18,000 graduate nurses have received funds for long-term training. One would think that we would begin to close the gap between the numbers of nurses needed in these fields and the numbers of nurses with such preparation, but we still have over 100,000 nurses holding positions of leadership in this country for which they are not qualified. The reason we think that we have not closed the gap is because of the expansion of nursing school program, the attrition from the profession of those who are qualified, and entrance into these positions of nurses who have not yet had any preparation. In 1959, at an evaluation conference of the Traineeship Program, it was recommended that we add the dimension of the short-term training to the Program, which we did. Funds are now awarded to an agency, an institution, or an organization describing a short-term training program for nurses in leadership positions which will update the skills of the nurse for that position. Since 1960 almost 900 courses have been offered under the Short-Term Training Program for about 33,000 graduate nurses who either cannot get away from their positions to go to school or need to update their skills.

It is one thing to have legislation passed by the Congress and another thing to translate the legislation into a program. The Division of Nursing, when given the responsibility for the Nurse Training Act, established in the Division a Branch called the Nurse Education and Training Branch. It is in this Branch that the responsibility for the Nurse Training Act is lodged. Within the Branch we have the Construction Grants Section, the Project Grants Section, and the Traineeship Grants Section. The nurse consultants in these Sections are responsible for the development of the program established by the Nurse Training Act.

We think it is essential to develop guidelines for people to follow in applying for grant funds. We think it is equally essential to have good materials that people can use. But perhaps more important is the worthwhileness of the consultation we try to provide in connection with the program. We have in the Division nurse consultants who are available to you on request for consultation in relation to the kinds of things you think you would like to do in the interest of your nursing school program and to learn if what you propose is eligible for Federal support. Very often it is helpful to talk with someone in the Division to explore, even briefly, some of your ideas to find out whether or not the way in which you are now describing your ideas makes you eligible for funds under the Nurse Training Act, or if you need to recast your idea. I think one of the things we need to do, and that we often don't do, is to make Federal funds responsive to us and not us responsive to them.

Relative to administration of the Act there are factors described which are to be considered as applications are reviewed. There is also prescribed a National Advisory Council on Nurse Training to be composed of 16 members. Twelve of these members are from the nursing profession, from medicine, from public health, from higher education and secondary education; and four from the general public. Because we know that the Council in its capacity of advising the Surgeon General on the conduct of the Nurse Training Act, is also responsible for the review of the applications for construction grants and project grants, we thought it advisable to provide some assistance to the Council. Thus we have what we call a dual-review system for applications under the Nurse Training Act. We have a Project Review Committee to review applications coming in from all of you for grants to strengthen teaching programs. We have another Review Committee for the Construction Grant Program. We also have a Review Committee for Short-Term Training Grant applications. Some of you and your colleagues are on these Committees. Thus we are sharing the responsibility for the administration of the Nurse Training Act with all of you across the country.

I won't go into any more detail on the several sections of the Act, but we do have information on how to apply for a grant. Some of you seem to have some difficulty with this on occasion, and we thought we would try to make it as simple for you as possible. The first thing that you need to do obviously is to contact us for information and for grant applications. Except for the first year we have not been sending application forms routinely to schools of nursing. Any school of nursing faculty member or group of people can request nursing consultation from the Division either before an application is submitted or after. We would suggest that you ask for consultation so that you have some straight-forward information on the use of funds. This consultation is available on request as I have said and, as you know, there is no charge for it.

When your application is received in the Division we review it as a staff for completeness, for accuracy, and for eligibility. Your application then goes to the appropriate Review Committee. This Committee reviews your application relative to its technical merits and whether or not the project as described by you can be accomplished. Your application with Committee comments then goes to the National Advisory Council on Nurse Training. The Council then recommends action on the application to the Surgeon General. The recommendation can be for approval, deferral for more information, or disapproval. The Surgeon General takes into consideration the Council's recommendations as funds are awarded.

I think there is just one point about this process I would like to emphasize. The Committee and the Council in reviewing your applications can only react to your proposal as you have described it. So often we carry more information in our heads than we write down, but the review is done on the written word. I would urge you to share with the Committee and Council your thoughts and ideas in a comprehensive organized way as reflected in your applications.

I know this is a rather brief overview, but I do want you to have a chance to ask questions of the staff who are here. Thank you.

THE NURSING STUDENT LOAN PROGRAM

Mary L. Siever

The Nursing Student Loan Program is authorized by Part B of the Nurse Training Act of 1964. This program is designed to increase the number of nurses in the nation by providing federal assistance in the establishment of loan funds at schools of professional nursing. From these funds, the schools may grant long-term, low-interest bearing loans to students who are in need of financial aid to attend school. Also, the program attempts to encourage graduate nurses who have borrowed from a loan fund to continue the practice of their profession by canceling up to fifty percent of their loans for working in a public or non-profit private institution.

Annually, the Public Health Service sends each eligible school of nursing an invitation to participate in the Nursing Student Loan Program during the ensuing fiscal year. For the purpose of this program, an eligible school is defined as a public or nonprofit private institution which has National League for Nursing accreditation or Reasonable Assurance of accreditation of its program of nursing education. Those schools desiring to establish a loan fund are required to sign a terms of agreement to administer the fund in accordance with the Act and the regulations and to complete an application for federal funds.

In the past, the program was limited to furnishing one type of federal aid -- capital contributions to an institution's loan fund. An applicant could request a federal capital contribution equal to 90 percent of the fund's working capital needed for the year. The institution was required to deposit in the fund a matching capital contribution of $1 for each $9 contributed by the government.

Public Law 89-751, enacted November 3, 1966, amends the program to include another type of federal aid -- loans from a revolving fund for all or part of the working capital required by the institution's loan fund. No matching contribution is required for capital received as a loan.

The policies and procedures for the establishment and operation of a revolving fund are being developed currently. Within the next four weeks, we plan to send detailed information on the types of federal funds available and the procedures for obtaining such funds to all schools that have applied for participation in the program in fiscal year 1968. At that time, the institutions will be given the opportunity to request:

(1) A federal capital contribution for 90 percent of the loan fund's working capital, or

(2) A loan from the revolving fund for all working capital required by the loan fund, or

(3) A combination of the two -- a federal capital contribution for a portion of the total working capital and a loan for the remainder, excluding the one-ninth matching contribution required for the federal capital contribution.

Each school participating in the loan program agrees to assume the responsibility for administering its loan fund. This includes determining the eligibility of applicants, selecting the student borrowers and determining the amount of money to be loaned to each borrower. To be eligible for a loan, a student must be:

(1) Enrolled or accepted for enrollment in a school which has established a loan fund,

(2) A full-time student pursuing a course of study leading to a graduate, a baccalaureate or an associate degree in nursing or a diploma in nursing,

(3) In good standing with the school,

(4) A citizen, or national of the United States, or have been lawfully admitted to the United States for permanent residence, and

(5) In need of the loan to be able to pursue her course of study.

The Act permits an institution to lend a maximum amount of $1,000 to a student for a nine-month academic year. If the student should be required to attend school longer than the traditional nine-month period, the loan may exceed $1,000 by $111 for each additional month of required attendance. For example, a student who is required to attend school for 12 months during a year may be granted a nursing student loan in the amount of $1,333. In determining the amount a student may borrow, the school should give careful thought to several factors:

(1) The total necessary expenses related to attending school during the year and the financial resources available to the student for meeting these expenses,

(2) The degree of the student's need,

(3) The number of loan applicants, and

(4) The availability of money in the loan fund.

Other administrative duties of the school include the maintenance of records to reflect the transactions of the program, the submission of an annual operations report and a semi-annual financial report to the Public Health Service, and the collection and cancellation of loan payments.

The nursing student loans bear interest on the unpaid balance at the rate of three percent per annum or the going federal rate at the time the initial loan is made, whichever is greater. All subsequent loans to a student from the same loan fund bear interest at the rate established for the initial loan. The federal rate for student loans for fiscal year 1967 is 4-5/8 percent. The loans are repayable to the school over a ten-year period which begins one year after the student completes or otherwise ceases to pursue the prescribed full-time course of study. Interest begins to accrue at the time the loan becomes repayable. However, after the repayment period has begun, interest does not accrue - nor is repayment required - while a borrower is enrolled in a collegiate school of nursing pursuing a full-time course of study leading to a baccalaureate or graduate degree in nursing. In addition, up to fifty percent of a student loan (plus interest) may be canceled for full-time employment as a professional nurse in any public or non-profit private institution or agency. This includes teaching in any of the fields of nursing and service as an administrator, supervisor, or consultant in any of the fields of nursing. For each complete year of such employment, a borrower's loan is canceled at the rate of ten percent of the amount that is unpaid on the first day of her employment. All interest that accrues during the year of employment is also canceled. In the event of death or permanent disability of a borrower, the obligation to repay the loan is canceled.

The Nursing Student Loan Program was established in the Fall of 1964. A total of 402 schools having 426 programs of nursing education, established student loan funds during that fiscal year. From these funds, 3,645 students borrowed a total of $1,592,000. In the second year of operation, fiscal year 1966, the number of participating schools rose to 557 and the number of programs represented climbed to 592. During this period, the number of borrowers and the total amount borrowed increased substantially. Some 11,740 students borrowed a total of $6,957,000 to help finance their nursing education. In fiscal year 1967, the current academic year, 614 schools are participating in the loan program. This is an increase of about 10 percent over the total number of participants in the previous year. We expect about 17,000 students in the 655 participating programs of nursing education to borrow approximately $14,086,000 from the loan funds this year.

Applications for fiscal year 1968 have been received and, currently, are being reviewed. We expect a moderate increase in the number of program participants, the number of borrowers, and the amount of funds loaned to students this year.

The authorizing legislation for the Nursing Student Loan Program provides for making first loans to students during fiscal years 1965 through 1969. During the next three fiscal years, it provides for making loans to students who received a loan for any academic year ending before July 1, 1969 to continue or complete their education. In other words, only those schools which have participated in the program prior to July 1, 1969 will be eligible to participate in fiscal years 1970 through 1972. If you are interested in participating in the program in fiscal year 1969, please write to the Student Loan and Scholarship Branch, Division of Health Manpower Educational Services, Public Health Service, 800 North Quincy Street, Arlington, Virginia 22203. If you have any questions about the program, I will be glad to answer them at this time.

VOCATIONAL EDUCATION ACT OF 1963

Celeste Mercer

Since all of you are now in a state where our Governor is encouraging all of us to tithe in order to balance the budget, it's a bit difficult to stand before you and develop the concept of how to spend. But nevertheless this is my assignment and my conscience doesn't bother me too much, because at least the United States Government is saying, "here it is -- now spend it."

Before identifying the opportunities for expansion of associate degree nursing programs under the Vocational Education Act of 1963, I think it might be helpful to define vocational education. One big problem is that some of us think of vocational education as if it were all in one piece, and in a sense what we are used to calling vocational education has been in one piece. As a result, it has left out too much. Sticking closely within the prescriptions of a few federal programs, it is generally concerned with only a very narrow range of jobs, and more important, it has suited only a very narrow range of people. Distributive education, secretarial training, trades and industries programs, these have all been adapted to a middle and lower-middle track or stripe, whatever words you would like to use, of the student body.

To think intelligently about modern vocational education preparation we must consider an added track that is on either side of that center. And above this center, is the one that concerns us -- the ever growing occupational area we encompass in the term "technical." It is within the framework of the concept of technical education that the associate degree nursing program developed. And I can say that very safely, because I wasn't here for the discussion yesterday when I understand you spent a great deal of time on what is "technical." I'm starting with an assumption that we all know what this means. As a result, since it is technical, the associate degree nursing program is eligible for monies allocated to individual states for the broad spectrum of vocational education.

As I listened to the other presentations this morning, I think the essential difference between the Nurse Training Act and the Vocational Education Act of 1963 lies in the administration of the funds. The Nurse Training Act is administered through the U. S. Office of Education and the Vocational Education Act is administered through the individual state.

Because it is administered through the individual states, there will be differences in practices and so what I am going to say is really in terms of a broad generalization. If you have questions, I will try to answer them and the man with the pipe at my right is Mr. Vocational Education in the State of California. He's agreed to help me provide some answers if they're not within my scope of understanding.

I think there is a brief historical background to this legislation which explains the expansion of the concept of vocational education and I think it is good to review it. Prior to the enactment of the Vocational Education Act of 1963, otherwise known as Public Law 88-210, leaders in industry and government noticed that increased automation and technology, while eliminating more jobs, were also creating a need for different kinds of employment in which greater skills were required. Simultaneously, unemployment then followed in the socially, economically and educationally handicapped areas. Another crisis began to show its face, and that is poverty. While millions were underemployed and unemployed, there was a shortage of technicians and a need for them was hampering production in many industries, including the health industry. The situation was beginning to touch the entire economic structure. A panel was appointed by the President of the United States to make an extensive study of the situation and to make corrective recommendations. This panel found that the technological revolution taking place in the United States required an extension, expansion and improvement of vocational education programs, and the recommendations of this panel alternately became the heart of the Vocational Education Act of 1963.

You have a summary on the table outside of the Act. I also brought along a number of booklets concerning the Act. I certainly don't have one for everyone in this room, but you may obtain a booklet about the Act by writing to Miss Helen Powers, U. S. Office of Education, in Washington, D. C. -- she is the one who sent the limited supply that I do have.

The stated purpose of the Act is to provide financial assistance in the field of vocational education, remembering the definition of this term as we have just defined it, to schools under public supervision and control. Funds are to be used to improve, to strengthen and expand an educational program designed primarily to fit individuals for gainful employment in recognized occupations. I could go into this step by step as it applies to all the other vocations, but I am going to try to just make it pertinent to nursing.

One of the purposes, then, that does make nursing in the associate degree nursing program eligible is the fact that technical education for those who have completed or left high school and are available for full-time study in preparation for entering a recognized occupation is obtainable. The associate degree nursing program, on this basis, becomes eligible. The act provides for construction of area educational school facilities and the public junior colleges are defined as area vocational schools.

Now what do they mean by construction? It includes the erection of new buildings, expansion, remodeling and alteration of existing buildings, site acquisition, grading and improvement and even architects' fees. But the construction must be for an area education school facility and it fits right into the junior college set-up. What do they mean by facilities? They mean classrooms in related facilities including initial equipment of an area of vocational education unit, an interest in land on which such facilities are constructed. The term does not include any facility intended primarily for events for which admission is to be charged to the general public. In my former position with the State Department of Education I had an opportunity to review projects that were submitted by public junior colleges for associate degree programs, and you would be amazed at what is available in the beginning to help toward an associate degree program, in terms of equipment, and so on.

The Act also provides for educational and ancillary services, and activities and this is one that really helps. In California, for example, the associate degree program had great assistance from the Kellogg Foundation. But this was terminated after a certain period of time. However, this didn't mean that a planning year still wasn't very important. The Vocational Education Act is helping to make a planning year possible, where local school districts feel they cannot finance this alone, because it's an ancillary service. Other ancillary services include teacher education, demonstration, experimental programs, development of instructional materials, program evaluation, research and guidance activities, coordination and supervision. These services are supportive rather than operational, since the activities center on the development and continuing assurance of quality in the programs of vocational education, in terms of present and future needs for trained manpower.

The Act also provides for work-study programs, which really hits at giving financial assistance to the students who come into the program but cannot complete it even though it's tuition-free, without some kind of financial help. Sid just tells me, though, that the appropriation for work-study is not in this year. Does this apply to California, Sid, or the nation? To the nation. I know that in my particular college we do have students on work-study who are very helpful. I guess this means that they won't be on it next year.

The agencies that are eligible to apply, then, include secondary schools, junior colleges, or schools for adults, that are under public supervision and control. Specific activities that qualify for financial assistance include the following: Paying salaries and necessary expenses, including travel of teachers, coordinators, supervisors, vocational guidance counselors, teacher trained nurse directors and certain other personnel. I recall that one year in California allocation had to be a 50-50 matching basis. 50 per cent of the salary was paid by the district and 50 per cent through the state , using federal funds. Last year, the percentage paid through federal funds was 25%. Since I am familiar only with the

California picture, I suggest you contact your state director of vocational education or the dean of vocational education in your particular college for information which applies to your state.

The Act also provides for acquiring and producing, disseminating, and evaluating instructional materials and teaching aids, for securing educational data necessary to properly develop vocational educational programs, and to insure adequate vocational guidance in counseling.

Other activities possible under the Vocational Education Act of 1963 include: making organizational studies and surveys needed for planning and developing; acquiring, maintaining and repairing instructional equipment; and paying necessary costs of transportation of students; (I remember one project in which students were bussed to a national convention with the help of Vocational Education Act funds); coordinating Vocational Educational work experience programs; paying approved expenses of consultants or members of advisory committees; maintaining adequate programs of supervision and coordination; conducting special demonstration and experimental programs; and evaluating programs. I don't know if this comes under evaluation or not, but I do recall one project that was submitted which included the fees for National League for Nursing accreditation and this was accepted. I don't know if all states would do this. I don't even know if our state could allocate enough money for the 32 programs - soon to be 36, I guess - but it is something that has been done: nothing ventured, nothing gained.

The Act also provides pre-service and in-service teacher education. It sounds like it does an awful lot of things, but one point that must be emphasized is that it is designed primarily to fit individuals for employment and occupations which are determined to be generally professional or require a baccalaureate or a higher degree. It must stay within the limits of the technical field and this is assured in the junior college. So one of the major sources of support for training programs in the health service worker arena is the Vocational Education Act of 1963. The operating programs falling under the supervision of the Department of Health, Education and Welfare include programs for associate degree nursing; for practical nursing; for other health occupations; for teacher training; for work-study programs for vocational students; and for research experimental demonstration in private projects - and there is a blue sheet available from the U. S. office that relates to this area. They are called the 4-C projects. I know research funds were cut too, though, weren't they, Sid?

Perhaps the tithing started in Washington, and California is not responsible for initiating it. But it is worth being aware of and investigating and inquiring about. If you want more information on funds that are available for research, write to the Director, Division of Adult and Vocational Research, Bureau of Research, U. S. Office of Education, Washington, D. C., Zip Code 20202. This is the only one I have.

Now I will open the floor to questions.

Q. Mrs. Mercer, could you tell us what kind of accreditation is required to qualify for loans and help under the Vocational Education Act?

A. There is no identification of a specific accreditation. Speaking for our State, we do have regional accreditation of our junior colleges under the Western Association of Schools and Colleges and, of course, all programs are approved by the Department of Education, but no voluntary accreditation is identified as required. If you're interested in obtaining voluntary accreditation, you might be able to get funds for it through the Vocational Education Act of 1963.

Q. Distributed through the State office?

A. Distributed through the State offices, yes.

Q. Is it usual that state criteria that are established for the administration of the Vocational Education funds include standards for teachers of the program? In cases where a credential is required in the junior college, that would be the kind of standard that I am speaking of. In cases where there are no credentials required, then are there other standards regarding the preparation and background of the teachers? And if it is usual that the criteria on the State level includes some standards for the teachers, do these standards in any way conflict with the standards for nurse educators supported by the National League for Nursing?

A. Well, that's a big question. Each state has a state plan for Vocational Education which does include standards. Nationally, I can't answer that question--i.e., if there are conflicts. I could only answer it in terms of California. Could I ask how many in the audience represent the State of California -- how many would be interested in this? I can speak regarding this. There are certain credential requirements in order to be eligible for reimbursement under the state plan for Vocational Education, and this does require at the present time a standard designated subjects credential in the State of California. This has presented a problem for nurses with Masters degrees in terms of their curriculum being equated with the curriculum required for this credential.

The Bureau of Industrial Education has been having a running dialogue for many months with people who are concerned about this problem and it was my understanding when I left the Department of Education, February 1st, that there was going to be a reconsideration and a re-evaluation of the requirements for the masters degree meeting the conditions for the standard designated subjects credential.
Mary Searight, could you tell me if there has been any more progress in this area? (Mary is on the faculty of the University of California and involved in teacher preparation for associate degree programs.)

Searight: The last I heard -- and as you say, it's a running dialogue-- because I am always calling, was that the requirements for the Vocational Credential were somewhat eased in that the recency clause had been deleted from the requirements. You might remember that it used to be that we had to have so many years of practice in the last few years, and that has been deleted. The requirements are more general now, but in order to get a credential, one does have to submit a long history as to who you are and where you/ve been, and all of your course work, to the Department of Vocational Education for evaluation and review. Does this help? To the best of my knowledge, they have not completely deleted the courses in Vocational Education offered at the University of California. A teacher who may want to start to teach may perhaps get a beginning credential in Vocational Education and then, according to the Vocational Department, may have to make up requirements as they specify, and this is so indefinite that I have not been able to get a clear-cut answer.

Man's Voice: Stand right there. I was going to suggest that I think you'll find that the problems generally are two-fold: One is the educational courses required by the public school teaching activities; the other will be the vocational experience involved and by the Vocational Education Department. These two will vary somewhat from state to state. You will either find one or the other, and sometimes both.

Mercer: Sid! The question is, the Act states this is for public institutions. I asked Dr. McGaw if private institutions would be eligible for funds and he said they would not - that it is for public institutions only. Any other questions?

Man's Voice: Mrs. Mercer - This is not really a question, and I have no desire to make a speech. However, in view of the fact that this does vary from state to state, I'm very much interested in seeing that the different states review their different vocational certification requirements so that AGN nursing instructors can qualify for vocational credentials and therefore permit their institutions to qualify for help under the Vocational Education Act of 1963. If the State of Washington is a good illustration -- and I hope it isn't -- I think we're pretty far to the far right. If that's what I should use in being very restrictive in this, we're going to keep on fighting until the ten or twelve of my highly qualified professional nursing instructors at Park College get a vocational credential without having to go back and take some very elementary kinds of teaching which might have been good when you pulled a person off a job as a welder and tried to help them learn how to teach for the first time, but is in my estimation very stupid for people who have been teaching for years. So let's go back home and work at it.

Mercer: I think you have some support there. Any other questions?

Q. If a building is to be jointly used by a science program and an associate degree nursing program, would any part of funds be available for building?

McGaw: That's a real sticky one.

Mercer: That's why I gave it to you.

McGaw: I'm not so sure, you see -- the act specifically excludes from vocational education, support programs which are academic in nature. Therefore, we get into a new question, then, whether sharing the same facilities with an associate in arts program and a science program would qualify the programs for funds. I think that if I were making a judgment in this regard -- and I did work with the State Department of Education for some 18 years -- I think the judgment would be based on which program has the majority use of the facility. Now, if you can identify that the associate degree program has the major use of the facility, then I think it would qualify. This is just a personal opinion. On the other hand, if the science program were a longer program and therefore made the greater use of the facility, then I would say that it would not qualify under VEA.

Mercer: Thank you, Sid. Any other questions? I stand adjourned.

AN OVERVIEW OF ACCREDITATION

Frank G. Dickey, Ed.D.

Among the many purposes which have been ascribed to accrediting, three seem to stand out:

(1) to measure as objectively as possible the adequacy and efficiency of institutional and specialized programs;

(2) to afford protection to institutions, faculty, students, and the general public from unworthy programs or institutions; and

(3) to show schools ways and means for improving their deficiencies.

All of these add up to a very large package, so large and full of unsolved problems, in fact, that the temptation is strong to walk away from the task or to settle for something closer to the immediately possible. But there is good reason not to walk away or to settle for less. The comprehensive program of accrediting, with all its complexities, is fundamentally necessary if there is ever to be any assurance that the concatenation of activities will remain within the voluntary sector of governance.

The current and evolving nature of American higher edcuation requires that our institutions give protection to those ideals which have been established during the history of higher education in this nation. It is important that we continue to recognize that our colleges and universities will survive only as they serve the ideals of truth and learning, of freedom without license, of conscience without compromise. Although such conditions as those just mentioned are distinctive to the institutions, they also look beyong the campus to the broad community of mankind. Therefore, it is imperative that we view accrediting not just as a function protecting the quality, freedom, and integrity of the institution and its programs, but also as a vehicle to serve the welfare of the nation where such service is needed. It seems quite clear that an organization such as the National Commission on Accrediting cannot afford to serve only the institutuions themselves; nor can it serve effectively if it recognizes only a segment of post-secondary education.

One of the more significant changes in our view of the purposes and functions of the National Commission on Accrediting has come to the surface through our re-examination of the Commission's total role in the field of post-secondary education. It can be illuminated by pointing out the distinction between "mission oriented" and "discipline oriented" approaches to education, which Alvin Weinburg, Director of the Oak Ridge National Laboratory, did very well when addressing himself to what he sees as the widening gap between the concerns of the university and the concerns of society, he said:

> "Our society is 'mission oriented.' Its mission is resolution of problems arising from social, technical, and psychological conflicts and pressures. Since these problems are not generated within any single intellectual discipline, their resolution is not to be found within a single discipline."

In contrast to the "mission oriented" approach, most of our specialized accrediting programs are quite obviously "discipline oriented." Acknowledging that the distinction is perhaps clearer conceptually than practically, and that over an infinite time span the two categories probably converge, we nonetheless think that the distinction is valid enough that the National Commission on Accrediting should move in the direction of developing a "mission oriented" approach to accrediting rather than one which focuses all attention upon the "discipline oriented" approach. It becomes necessary, therefore, for us to give attention to the totality of education at the post-secondary level.

The several types of voluntary accrediting, both instutional (through the regional associations) and specialized or professional accrediting, must be given recognition and protection. With this explanation as a backdrop, it seems appropriate to suggest that institutional accrediting, if properly performed, can be of tremendous value, not only in establishing a foundation for quality education, but also for maintaining an atmosphere of freedom and integrity for the institutions. Beyond this type of accrediting, many of the real needs can best be met through a combination of professional approval of programs and professional certification or licensure of the individuals coming from these professional programs of preparation.

Suggested Change in Emphasis in Specialized (Professional) Accrediting

As one views the future work of the National Commission on Accrediting, there are many changes in emphasis which should be considered. If the public is to be protected in those areas in which harm could be done by poorly prepared or incompetent practitioners, accrediting alone cannot furnish such protection. In fact, accrediting indicates the quality of the program and does not say very much about the quality of the individual who completes the program. Therefore, it is proposed that our present specialized and professional accrediting organizations be encouraged to transfer some of their efforts from accreditation *per se* to more creative, stimulative endeavors which would actually "push" the institutional programs into new and more effective directions.

Certainly, it would be unwise to risk a lowering of standards of individual practitioners in professional or technical fields; therefore, it is further proposed that more attention be devoted to the development of sound and valid licensure or certification procedures, based upon professional sponsorship rather than legal approaches through either state or federal channels. We should replace state licensure approaches with trustworthy nationwide examinations and procedures in all fields in which society would suffer if we did not have some protective devices to guarantee individual competence.

In the process of encouraging a change in emphasis for the professional accrediting agencies to include more flexibility and also to stimulate more attention to professional licensure activities, it seems appropriate to suggest that encouragement should be given to the development of guidelines or criteria which could be implemented by regional organizations in the institutional accrediting procedures. Perhaps this may arouse the cry that we are returning to the 1952 position of the National Commission when it was proposed that all professional accrediting be "outlawed." Such is not the situation. We are merely suggesting that specialized accrediting organizations take a new and progressive look at their responsibilities and that, where possible, their focus be upon cooperative endeavors with the institutional accrediting organizations, rather than upon the single-purpose, more narrowly defined areas of professionalization.

The National Commission on Accrediting recognizes the valid interest and concern of all groups which share a relationship to the matter of proper, progressive development of quality education at the junior college level. This includes an awareness of the interests of the Congress, the Department of Health, Education, and Welfare and the Office of Education, the public, the American Association of Junior Colleges, the National League for Nursing, and the various other accrediting associations, etc. Nevertheless, the Commission does assert its confidence in the integrity and capability of the junior college educators and in the junior colleges themselves. The Commission is convinced that the nation's needs in the area of junior college education can best, and most adequately, be met through a framework which provides a maximum scope (consistent with desirable assurances for quality) for institutional self-direction. The existing provisions for funding under the Nurse Training Act do not provide the junior colleges with that degree of flexibility for program development which the Commission regards as being harmonious with the American tradition of higher education.

1. The National Commission on Accrediting considers that the most desirable and proper means for insuring quality education at the junior college level for the purpose of eligibility for Federal funds is through the medium of institutional accreditation conducted by regional accrediting associations, under an arrangement where specialized accrediting associations (such as NLN) would furnish the regional associations with guidelines for the assessment of associate degree programs in the junior college setting,

would provide lists of qualified specialists in the profession to serve as members of regional accrediting teams of junior colleges, and would--in turn--receive relevant team reports from the regional associations, along with notification of the regional association's decision regarding its award of reasonable assurance or accreditation to the institution. The definite procedures involved here will be negotiated between the regional and the specialized accrediting associations.

2. List of Recognized Consulting Associations: The National Commission on Accrediting will work with AAJC in developing, endorsing, and publishing a list of recognized professional associations which can serve as consultants to junior college administrators and faculty on problems relative to specialized education.

3. List of Auxiliary Accrediting Associations: The National Commission on Accrediting will formulate and endorse a list of recognized auxiliary accrediting associations for the junior college level. The purpose of the list will be twofold:

    a. The regional associations will join in the above-outlined "cooperative approach" only with associations on this list.

    b. For those junior colleges which do not find that the "cooperative approach" fulfills their needs, and which therefore desire to receive (formal) specialized accreditation, only those associations on the Auxiliary List would be approved by NCA to offer such specialized accreditation. It is anticipated by the NCA that some junior colleges, for their own individual purposes, may choose to seek specialized accreditation of associate degree level programs. This will be the recognized prerogative of each college.

4. The NCA takes a strong position opposing the use of specialized accreditation as a singular criterion for eligibility for Federal funds.

5. The NCA, in consultation and cooperation with other interested organizations, intends to seek actively revision of Federal legislation and administrative ruling wherever eligibility for funds is totally dependent upon specialized, or program, accreditation.

6. The procedures outlined above, if adopted by the Department of Health, Education, and Welfare, will be subject to joint review after a two-year period of implementation, or at any other time that such a review is requested by one or more of the organizations involved.

The envisioned "cooperative approach," wherein the junior colleges may choose between either a reinforced regional accreditation or specialized accreditation for purposes of eligibility for Federal funding, does provide that desirable flexibility which American junior colleges require and deserve in their efforts toward quality program development--while also safeguarding the interests of the public and of the federal government. The National Commission on Accrediting pledges itself to the development of the "cooperative approach" in accreditation at the junior college level.

Possible Changes in Accrediting Terminology

It is proposed that even a different semantic approach to the total area of accrediting would be useful and helpful. Initially, it is suggested that we work toward the day when we would speak of the work which the regional associations perform through institutional appraisal as "accreditation." The term "accreditation" would be reserved for this type of appraisal. Specialized or professional evaluations and the resulting lists would be spoken of as "approval," with the term "eligibility" being employed for purposes of federal appraisal for funding purposes, and the state activity in the evaluations of institutions termed "endorsement" or "recognition." Such a scheme may not hit at the heart of the problem, but, if these terms are properly defined and extended in their use, some far reaching changes might result. In any event, the present confusion relative to the use of the term "accreditation" would be lessened. Perhaps, it will be far simpler, however, to change the structure and even the activities of organizations than it will be to change the terminology which is used.

Federal-National Commission Relationships

As we have heretofore stated, the new realities of federal governmental participation in the development of the nation's system of higher education demand new and realistic philosophical and psychological positions on the part of the National Commission on Accrediting. Emerging from these stances will come new patterns of activity on the part of the NCA relative to the federal government.

The essential philosophical framework within which the NCA will shape its relationship with the federal government will be characterized by the term "cooperative interaction." This term implies a recognition on the part of the NCA that the federal government is now an indisputably dynamic participant in the process of shaping American higher education. It is recognized that since World War II the federal government--primarily through the Department of Health, Education, and Welfare--has expanded its support activities for education in an extraordinary fashion. Federal funding of education has become an integral part of our national social policy and, while this effort at the present time is largely on a programmatic basis insofar as the higher education segment is concerned, it may be reasonably expected that a federal "general support" funding program for higher education will materialize subsequent to the termination of the Vietnamese conflict.

The NCA does not view the federal government, in its expanding role of aiding higher education, as an antagonist, nor as an inherent or necessary threat to the autonomy of higher education. The history of the federal government's relationships to the various policy-formulating institutions of our society presents a pattern of enhanced federal power wherever these other societal institutions (state governments, etc.) fail to react in a responsible manner to contemporary social pressures. If the policy organs of American higher education fail to master the challenge confronting them, they must inevitably accept the federal government as the dominant formulator of educational policy.

By shaping its policies and procedures in such a way as to meet the reflected demands of our society, the NCA anticipates a process of "cooperative interaction" between it and the federal government. In pursuit of this stated philosophy, the NCA proposes to exercise active, vigorous leadership within its corporate sphere of responsibilities--and especially wherever its responsibilities and those of the federal government impinge. To that extent, compatible with the valid interests and claims of American higher education, the NCA will function so as to inform, persuade, and enlighten the various agencies of the federal government regarding its perception of the best interests of the higher education community, and of society as a whole; it will acquaint itself with the federal policy-making process relative to higher education, seek to direct its course along suitable lines and restrain its impact within desirable bounds. Positively, the NCA will respond to the valid requests for action and leadership made upon it by the federal government. In so doing, the NCA hopes to serve notice that it accepts the federal government as a proper, creative partner in the effort toward elevating the quality of America's system of higher education--and a partner whose interests it will respect.

The Continuing Need for Accrediting

In conclusion, it should be pointed out that the idea of voluntary accreditation is of extreme importance at this moment in our nation's history. There is no single society, to our knowledge, having any pretensions to sophistication that does not have some form of accreditation for higher education. But ours is the only society where accrediting is voluntary and non-governmental. This point is important because voluntary responsibility is a fundamental characteristic of the society of which we are a part and to the preservation of which we should be dedicated. Voluntarily assumed self-discipline is basic to our way of life. A free society stays free only as far and as long as the individual citizens or its individual institutions are willing to assume the responsibility for self-discipline.

Our belief is that there is no agency or group better able to assist in upgrading the quality of our educational institutions and protecting the integrity of these colleges and universities than the accrediting associations. These are not agencies operated by one man, or by a small clique, or by one party or one denomination. They are large, broadly based operations depending upon the principles of self-regulation and self-control reflected through cooperatively devised standards arrived at by the consent of all the constituent organizations. These, we believe, can be depended upon to preserve education as an essential force in a society of free men. Again, we remind you that these criteria are not the reflection of one institution which may occasionally go astray but rather the combined thinking of all of our best institutions.

With both public and independent school forces of every level joining hands, we believe that we can keep accrediting positive, constructive, and socially useful--that is, as long as we have the courage, the faith, and the foresight to impose upon ourselves, upon our institutions, a real zeal for self-discipline and as long as we demonstrate a high devotion to quality in our educational programs.

THE AMERICAN ASSOCIATION OF JUNIOR COLLEGES' VIEW OF THE ASSOCIATE DEGREE NURSING PROGRAM

Bill J. Priest, Ed.D.

I am pleased to come here and talk to you a little bit about some of the views that the junior college people of the United States, I believe, hold. I have had an opportunity in the last two or three days to check bases with a number of them and I hope what I have here is reasonably representative. I think I can start by saying without fear of being successfully contradicted that the junior colleges of our nation are deeply committed to quality programs in the health related technology field. This is not a new field but it is certainly a burgeoning field and as you will note by some of the information I will give shortly, it is increasing in prominence, at least in our workaday world.

The total junior college movement, of course, is moving ahead at breakneck speed in terms of numbers of schools; numbers of students and all of the trends would indicate that this is not a flash in the pan. If anything, it may further accelerate in the next few years. There are currently some 800 junior colleges in the nation and these are growing at a rate of about 50 per year. One of the very significant dimensions of this with respect to the nurse training program is that the major urban areas have been rather slow to develop junior colleges and, since 1960, we've seen some of these very large cities in the United States take a sudden and intense interest in the junior college as an instrument to solve some of their higher education problems. Cases in point would be Dallas, with which I am associated; Seattle, St. Louis, Cleveland, Philadelphia, Miami, Denver, and six or seven others in the 300,000 to 900,000 population bracket; obviously, here you have a somewhat different picture educationally than you would find in a 500 student junior college in a rural area.

One of the basic elements, of course, is the proximity of these urban area community colleges to major medical facilities. The need for trained personnel is there and the training opportunity in terms of resources and of hospitals with all of the various components necessary for comprehensive training are there. The American Association of Junior Colleges, recognizing this, has on its staff a full time man, Ken Skaggs, who is with us here today, in this area of health related programs. Ken tells me he is out of the office about 60% of the time so intense is the interest and great the demand for guidance in establishing these programs and getting them moving to fill some of this big vacuum that I am sure you've heard about in the last day or so.

As we look at the picture, and here again, I suspect you share this with us, the supply/demand projections in the United States on nurse training are really quite pressing. I have heard some of the figures that were reported earlier and I didn't know it was as bad as it is when I made this generalization, so I am even more depressed now that I've come into contact with the experts. Obviously, quality is suffering. People still get sick, and if you don't have that which you'd like to have, you can't tell them "that's tough, you can't help them." You help them with what you have which, of course, is part of our problem. I spoke about this with a hospital administrator recently in a large city, and he told me sagely, "If you feel a bellyache coming on in this town, grab a plane. Wherever it's going, it will take you to a place where there's better medical treatment than you're likely to get here." So, I guess things are tough all over.

In this situation, you can readily understand why the Associate Degree in Nursing Programs which have a production capability somewhat greater than the programs taking longer periods of time are looked upon as a possible way out of the woods. I think there is evidence that they may do much to alleviate this, in fact may make it better than it might have been had they not come into being a number of years ago. During the last ten to twelve years, and my figures may be off slightly since I'm speaking from recollection rather than research, I think this ADN pattern has moved from an experimental level to a level in which it has established itself as a sound way to produce nurses. I want to qualify this later, because there are some flies in the ointment, but my point is that this basic approach to training line nurses is good, has demonstrated its worth, and used within its confines can do the job and can serve sick people, hospital administrators, the nursing profession, or what have you.

The American Association of Junior Colleges does not perceive the ADN programs, the Diploma programs, and the Bachelor Degree programs as being competitors vying for prominence in the field. We feel there is a very stronger inter-dependence here. I think the evidence supports this. We are sure from our tunnel vision that the ADN programs are very dependent on quality Bachelor of Science in Nursing programs. Without skilled supervisors and without an adequate supply of trained nursing educators, we're dead pigeons, to put it bluntly. You just can't run the program if you don't have this, and this is one of the very sore points. These are not being produced, or if they are, the people who are seeking them in education are not finding them and so even the seed corn is tough to buy. This is very critical.

AAJC and NLN have been working very closely with one another for quite a number of years. Most of you know that we have a joint committee and that we have a running dialogue concerning our common problems.

However, the colleges, for reasons mentioned by Dr. Dickey, are quite allergic to this matter of specialized accreditation and there are some very legitimate reasons for this. This becomes acute and aggravated when Federal regulations tie subventions into specialized accreditation and disburse their funds in accordance with these. This, I think, was brought into very sharp focus and has been the subject of some analysis and perhaps a bit of controversy for oh, perhaps, the last 12 or 18 months. In fact, there's evidence that things became a little spirited along the way here, because we seem to have different points of view. The irony of it, as we see it, and I suspect you likewise have tried to see it, is that we're both trying to fight for quality programs, and we're both trying to minimize chaos in our operational worlds where we're presumably creating this supply of talent. I think we're moving towards steps, and again Dr. Dickey pointed out some things that are under way and most helpful, whereby you will get guarantees of retention of quality (with which we are in complete accord) and we will get guarantees that we won't bump into this multi-headed monster of specialized accreditation in many forms when we're trying to run a stable educational program.

I have listed some key issues here. They are not earth-shaking. I suspect that all of you are better acquainted with them than I am, but I still want to mention them for the record. These things need to be looked at continuously and I hope better solutions will be forthcoming. One area of concern involves a clear definition of the role and function of the nurse and a clear understanding of what her practice involves. This thing is not static. It's quite evolutionary. I had a very small part to play in organizing a nurse training program some 15 years ago and issues that were really hot potatoes in those meetings are just routine matters now, but they were new at that time and people dislike new things. They run scared when they are confronted with them, and until we have some evidence that you can guarantee quality, naturally people are going to look upon them with suspicion and reluctance. Which leads to the second point--an end to loyalty to past procedures and programs just because they are in the past experience of many who are practicing today and a whole-hearted acceptance of new and developing programs wherever these programs are effectively meeting needs. In other words, an open mind in this to try a better way knowing that the contemporary answers are just not solving the problem. Third, there must be a complete realization that if the job is to be done properly, it will be an expensive undertaking for all concerned. New sources must be found for financing and willingness must be developed on the part of all to spend necessary monies for the continued development, implementation, and expansion of nursing programs. And these are real costly, as you know, and educational administrators wince at the thought because they compare them with other kinds of programs and often this doesn't fit. And finally, a more dynamic public relations program is needed to acquaint the total public with the needs and expectations of nursing and the attractiveness of the profession as a career. In some areas, an excellent job has been done. It's been possible to do a fine screening job and to start with that basic material which permits you to turn out a quality end product.

Now I'd like to conclude with a rather impartial indictment of all of the people involved in this, not all of them, but certainly three major segments. First I would say the hospitals, wards, sick rooms, clinics of the nation are grossly understaffed and the historic training programs are sufficiently ineffective to cause a worsening rather than an improvement of the situation. Therefore, the "standpatters" who insist on only the type of training program which produced them are not in a defensible position. I am shooting at the nurses here. Two--the hospital administrator beset with nerve-wracking personnel problems must be mature and farsighted enough not to panic in the support of inferior training programs which are not able to solve his problem despite the fact that they produce warm bodies with certificates of some kind in their hands. And finally, the operators of the ADN programs, and I am thinking here chiefly of community colleges, must not succumb to their desire to serve or to local pressures from personnel head hunters and wind up establishing sub-standard programs, improperly staffed, and denied adequate facility and logistic support. This is a tragic solution and regrettably is being used at this moment in some places. It will discredit the whole ADN program and push us back 15 years. Thank you.

THE ANA VIEWS ASSOCIATE DEGREE NURSING

Jo Eleanor Elliott

The American Nurses' Association views associate degree education in nursing as without which there is nothing insofar as our projected plans for the future are concerned. Our position is quite clear. It is concrete in that it is on paper. (I hope it is not cast in granite, however, if we need to change it as time goes on.) But certainly the American Nurses' Association, in projecting nursing education as needing to be and stating that as of now it should be in educational institutions, has said that the plan and the way we will get better quality care in our institutions, our other health agencies, and at the patient's side is to prepare professional practitioners in baccalaureate programs, and prepare for technical nursing practice in associate degree programs.

We see this as the pattern of education which must occur as rapidly as feasible -- as rapidly as there can be an orderly transition of nursing education programs into educational institutions without acutely disrupting the flow of new nurse practitioners. We project that the larger proportion of nurses will be prepared in associate degree programs and a smaller proportion, but far more people than at the present, will be prepared in baccalaureate programs.

These two kinds of nurses will provide the type of patient care that some of us visualize, which some of us believe is occurring even now in a few places, but which we must demonstrate far more effectively in order to promote the use of nurses appropriately according to their educational preparation. These are kinds of nurses we are preparing -- not an educational pecking order we are promulgating -- and we must have these two kinds of nurses to provide the quality and quantity of care the people of the United States deserve and are coming to expect.

Relative to accreditation, the American Nurses' Association has for some long period of time supported the National League for Nursing as the accrediting body for nursing education programs. In January, 1965, the American Nurses' Association reaffirmed its full support of the National League for Nursing as the national accrediting agency for all basic nursing education programs. The ANA took specific action to give full support to the NLN for accreditation of associate degree programs.

It is the ANA's position, and this position pertains through today, that the National League for Nursing should be the accrediting body for all programs leading to licensure as registered nurses, regardless of the nature of the institution in which the educational program is given. The January, 1965, action taken by the American Nurses' Association was communicated at the time to appropriate agencies concerned with the NLN and accreditation of associate degree programs.

Our concern, of course, when we talk about accreditation through specialized accrediting agencies is quality. Our need is for quality educational programs; our concern is that associate degree programs in nursing develop out of quality, continue with quality, and extend in quality as time goes on. We know that diploma and baccalaureate schools have improved because of the school improvement program stimulated by the accrediting process. We know that the only quality criteria which nursing education programs meet are the accreditation criteria -- the state standards set are the minimum for operation. We know that the graduates of accredited nursing education programs fare far better than graduates of non-accredited programs on the only common examination method available to date -- the state licensing examination.

The ANA is concerned about the quality of the product of the educational process. All of us here are concerned about the quality of associate degree programs -- if we do not have quality programs, we will not have quality products; if we do not have quality products, we will have even more criticism than to date about what associate degree graduates can and cannot do! The American Nurses' Association believes that specialized program accreditation does assist in improving the quality of the product which will, in turn, improve the quality of patient care.

I know we tend to generalize from too few examples. I would like to have faith that all junior colleges want only high quality programs; that they would open programs only if quality criteria can be met. I agree with Dr. Priest in his commenting that junior colleges should not start programs if they cannot be of good quality. But it does get a little discouraging when one is asked to give consultation, as I am in my usual work, and one does the best possible in providing materials, criteria, publications, suggestions for more specific consultation, to then have someone in the institution say "Oh yes, we know, they gave us consultation, but we did not pay any attention to it." What we need is to look at ways in which we can work together to ensure that junior colleges begin with quality programs. We have had to do much patchwork with baccalaureate and diploma programs; there has been much research and continuing study supporting the associate degree program -- cannot we initiate new associate degree programs avoiding some of the mistakes we have made in the past?

The American Nurses' Association has a responsibility through its Council of State Boards of Nursing to assist in helping develop quality educational programs in the associate degree setting. I personally believe that state boards have a great responsibility to set appropriate minimum requirements for the initiation of new programs. Because the state boards are the only legal agencies that can affect the establishment of programs, the members of state boards must take the responsibility which is theirs to resist the pressures which may occur. The junior colleges have pressures to start new programs. The state boards comment that pressures on them are indeed great to approve any and all new nursing education programs in the state. We as educators in the associate degree nursing programs and as educators in junior colleges must help state boards of nursing: the state boards should not permit the development of new programs if qualified faculty and appropriate facilities are not present, or if the college itself does not yet offer supporting courses of substance.

This involves and revolves around the need for statewide planning. The ANA and the NLN are on record re: the need for planning -- community planning, statewide planning, looking at the needs and resources for education to provide some order rather than chaos in the orderly transition of nursing education into educational institutions.

The state boards of nursing have a responsibility also in not impeding the development of associate degree programs as appropriate. When faculty, facilities, and financing are present, the state board should not be saying "It won't work." The ANA, then, has a responsibility to assist the Council of State Boards so they can do a better job on our behalf in working to get higher quality registered nurse personnel through the associate degree programs.

Lastly, the American Nurses' Association is on record regarding economic security and the graduate of the associate degree program. While this may not relate directly to accreditation, it is included because it may not be known to many here. The ANA has issued a statement as follows: "It is the clear intent of the American Nurses' Association that the beginning practitioner from the associate degree program and the diploma programs shall begin at the same salary level." (The ANA does not yet have a statement relative to a differential for the baccalaureate graduate.) The ANA did establish a national salary goal in June of 1966 for that year which has had a great impact on the economic interests of nurses throughout the country. The improved economic situation in nursing needs to be communicated to many people, and especially to our colleagues in the junior college association, for this improvement can well assist in attracting more people to the associate degree nursing program.

There are moments and periods in these times when I think nursing is in the midst of an internecine war over the future of nursing education. This in the face of what is, to me, an inexorable movement of nursing education into educational institutions throughout the country. The movement would have occurred if the American Nurses' Association had never issued a position statement on education for nurse practitioners. It has been underway in some parts of the country for at least ten years. Whatever may be the case with us oldsters with our infighting, an advance copy of a resolution to come before the National Student Nurses' Association at their forthcoming convention leads me to this conclusion: if we fail in moving nursing education into educational institutions, the students are going to pick up the pieces. The next generation wants honest approaches, honest answers -- the next generation will straighten things out!

THE VIEWPOINT OF THE NLN AND THE DEPARTMENT OF BACCALAUREATE AND HIGHER DEGREE PROGRAMS

Lulu Wolf Hassenplug, Sc.D.

I am delighted to have this opportunity to say a word about National Accreditation but as I look at the audience, I am certain most of you know as much about this topic as I can tell you. I stopped at the desk to pick up the NLN blue booklet of 1967 titled, "Nursing Education Accreditation" and I would like to remind all of us that this booklet contains very valuable information and explains the rationale for accreditation by the NLN.

As I think about our current situation, I wonder if those of us who are preparing teachers for baccalaureate and higher degree programs and for associate degree programs have really done as much as we might do in interpreting to our students just what NLN accreditation means in terms of quality programs. I have been concerned and was quite concerned a year ago when I went to Washington to testify before a Senate Committee in regard to NLN accreditation for baccalaureate and higher degree programs that we had not told our story as well as we might to our potential teachers while they were enrolled in our graduate programs. I felt guilty when I became aware of the fact that some of our UCLA graduates now teaching in associate degree programs were not really in favor of NLN accreditation or at least not when the Presidents of their colleges were around. I wondered then and I still do, if we are giving enough attention to interpreting the rationale for voluntary accreditation and NLN consultation services to Schools or Departments of Nursing.

The National League for Nursing is recognized, as Dr. Dickey told us, by the National Commission on Accrediting for the accreditation of baccalaureate and higher degree programs in professional nursing but it has not yet been recognized by the Commission for the accreditation of associate degree programs. In fact, the Commission is suggesting an alternate procedure for the sole purpose of eligibility for federal funding of junior college programs. While the National League for Nursing is eager to cooperate with the National Commission on Accrediting and with the regional associations in determining eligibility for federal funds for associate degree programs in nursing, I must point out that the procedure suggested has not yet been presented to the National League for Nursing Board of Directors.

Since I cannot predict the Board's action, it might be helpful to say a few words about what we think the accrediting program of the National League for Nursing has done for baccalaureate programs.

When we founded the National League for Nursing in 1952 through the consolidation of seven national nursing organizations and committees, the League had then and has now as its primary objective, the improvement and development of nursing education and nursing service through the coordinated action of nurses, citizens, agencies and schools to the end that the nursing needs of people will be met. In 1952, nurses themselves made the decision that accrediting of nursing education programs would be the function of the League and set about to design this service to stimulate schools to improve their nursing programs. At present, the League accredits programs of study in nursing offered by senior colleges and universities, junior colleges, hospitals and vocational schools.

Effective in 1970, all evaluation of programs in senior colleges and universities will be in terms of graduate and undergraduate education.

In developing and administering the accrediting services for our baccalaureate and higher degree programs, we involve four different groups of people, all of whom contribute and work to improve the education of faculty and the programs and thereby the improvement of the education of the graduates of these programs.

In our Council of Member Agencies we have a continuing forum in which we discuss baccalaureate and higher degree programs. Since representatives from all of our accredited and non-accredited programs participate in these forums, it is a source of continuing education for all of us as well as a means for evaluating and improving our programs. This Council recommends action to the Board of Directors of the League through its Steering Committee so every faculty member has an opportunity to comment upon the criteria that are going to be used to evaluate our baccalaureate and higher degree programs. We also have appointed standing sub-committees on graduate and undergraduate education in nursing and these two committees work constantly to give us statements of revision of criteria and other materials which we consider and act upon in the Council and recommend to the Steering Committee for action.

We also have the Board of Review for Baccalaureate and Higher Degree Programs and for all the other programs. This Board is composed of nurse educators from programs accredited by the League. When baccalaureate and higher degree programs are under review, nurse educators from those programs make the review. While we include faculty members in our Council of Baccalaureate and Higher Degree Programs, whether they come from accredited or nonaccredited programs, the Board of Review is made up of only the membership from our accredited programs. Thus, faculty from all nursing education programs play a vital part in the program of voluntary accreditation and every effort is made to involve as large a number as possible of the administrative and teaching staff of each nursing program in their own self-development and self-evaluation.

Society has delegated a large measure of autonomy to the professions in controlling themselves, and through that, the control of their services, the quantity of their services, and the cost of their services. Quality of service, as we all know, is dependent upon the quality of education. Thus, the accrediting of professional education is viewed as a responsibility of the profession.

On the other hand, I must point out that licensure is really no guarantee of excellence of a program. Licensure ensures only that the one who receives it has minimum preparation for safe practice. To move toward joint accreditation with regional accreditation associations is a good thing. The League has supported it and recommended it for a long time, but this is not really what is being recommended here today. We are being offered a totally different set of procedures for junior college programs than we have for senior college programs and though these procedures are said to be for purposes of eligibility for federal funding only, the term accreditation keeps creeping into the discussions.

In nursing education, the League has always held the viewpoint that the quality of nursing service is dependent upon the quality of education of all those who are licensed to practice nursing. Thus all types of nursing education programs are accredited by the National League for Nursing: Graduate programs for professional nurses at the masters degree level; bachelors and associate degree nursing programs in universities, senior and junior colleges; diploma programs offered by hospitals; and practical nursing programs. Each of these accreditations is based on the principle that evaluation is made by a peer group and is voluntary.

We see the accreditation process as a stimulus for growth and improvement. No faculty group ever asks for accreditation unless the school is ready and each faculty member has had an opportunity to utilize the self-evaluation report which requires every faculty member to answer questions, clarify positions and check their course work objectives against the philosophy of the program. The good thing about this kind of accreditation is that the faculty must plan at least a year in advance of the visit. Thus they learn as much from this on-going educational process as they did from their formal educational activities.

Then, too, those faculty members who serve on the Board of Review and who visit the schools are given a period of training before they embark on these activities. These trained visitors then have their first visits with more seasoned visitors so there is no chance of a visitor creating a problem out of ignorance.

Finally, the reports of these accreditation visits are not secret. Before the visitors leave a school, they share their reports with the faculty and everyone learns from the process. This League accreditation is seen as not only benefiting the school and faculty but also benefiting the practice of its members.

We are convinced of the value of peer assessment in the maintenance of high quality programs. We could not envision similar growth and improvement in programs without it. Thus we advocate these same accrediting activities for all nursing education programs. Quality education makes sense only when it affects all of our programs and through them our nursing services.

To help non-accredited schools and programs get federal funds for their students, the League developed the plan for Reasonable Assurance. And I reiterate, the League welcomes opportunities for joint visits with regional accreditation groups, and keeps all regional groups informed as to when schools in the region are to be visited by the League. Schedules for League visits are not rigid and can be changed -- but as we all know, time plans can become a problem.

Some regional groups have no time plan for visits, so it is very difficult for the League to know when a joint accreditation visit could be made.

To summarize, let me say the League has built a structure for voluntary specialized accreditation by peer groups and a structure for Reasonable Assurance. The League has a group of faculty, representing each kind of nursing program and each section of the country, prepared to .make visits for purposes of accreditation. The League is quite willing to furnish the regional associations with lists of specialists who are qualified to serve our regional association accrediting teams to do anything they can do to improve the quality of our present non-accredited associate degree programs. But I must repeat, the National League for Nursing will continue to be the Accrediting Agency for all nursing education programs. The procedure recommended here by the National Commission on Accrediting is for purposes of federal funding only. It must not be confused with accreditation.

VALUES OF ACCREDITATION TO A COMMUNITY COLLEGE

James McCann

Mr. Chairman, Colleagues, Ladies and Gentlemen. It is indeed a pleasure to be with you this afternoon in San Francisco and have this opportunity to visit with so many of my colleagues from around the nation.

I have been listening to these position papers today with great interest; and after just experiencing an intensive review of our institution by the North Central Association and subsequently an evaluation by Dr. Beckes and his staff, I am more convinced than ever that accreditation is truly one of the essential needs to insure quality education in all institutions of higher education. As all of you know, much has been written of the many kinds and descriptions of various accreditation processes. It is and has always been a concern to all of us. My comments today will not be directed toward the accrediting agencies but toward the value of accreditation for the community colleges, an area with which I am somewhat familiar.

Accreditation, so defined, is a process of recognizing those institutions whose performance and integrity entitle them to the confidence of the educational community and the public. The recognition is extended largely by voluntary agencies which have assumed responsibility for establishing criteria for visiting, and for evaluation. This evaluation is usually requested by the institution itself; and if the institution lives up to its promise, it is granted accreditation.

Now what is accreditation supposed to do?

First, it is to help the institution to intensify its efforts toward maximum educational effectiveness.

Second, it forces each institution to examine its own concepts, goals and operations which are further supported by this careful analysis and investigation by the examining team.

Third, accreditation compels the institution to do periodic self-evaluation.

Fourth, accreditation helps to facilitate the evaluation of student credits earned in the institution.

Fifth, it enables the student to transfer to other institutions with a great deal of ease.

Now I would like to comment on accreditation as it relates to the Henry Ford Community College. We are presently accredited by the Michigan Commission on Colleges and Universities, the North Central Association, and the National League for Nursing. As I researched the topic of accreditation, I found that most of the experiences we have had at Henry Ford Community College are quite common with other institutions that have been accredited by various agencies. In the recent review of our college, the above mentioned purposes of accreditation became the obvious criteria for the evaluation.

First, for the institution itself. The staff had to examine the written purposes, the objectives and operations of our institution to determine whether or not we still were realizing these purposes. This was a critical need since, as other institutions, we have grown rapidly in the last few years from an institution of about 700 to 800 students to one of 12,000 students today. This rapid growth tended to distort and change the original purposes and concepts for which the institution was established. We found many shortcomings in the realization of the original established objectives for the college.

Second, the value to the staff was immeasurable. Investigation into the individual programs, the courses, the content and the objectives resulted in cooperation between areas and divisions within the institution and a reorientation to much broader purposes and objectives of the institution. Also innovations in instruction were investigated and an attempt is presently being made to apply some of these innovations to areas within our own institution.

Third, the accreditation review reinforced the value of an accredited institution to the young people and adults of our community. It also enabled the institution to acquire well qualified staff, a good salary schedule, and many other benefits that tended to enhance the value of the institution.

Fourth, the accreditation established for the student the privilege of transferring to any other accredited institution without debate or controversy concerning credits. A student knows he can transfer to any college or university with assurance that the credits earned in this institution are acceptable and are transferrable.

Fifth, the value to the community was reinforced in the minds of many by the successful accreditation review. As we all know, it has been an established fact that an institution of higher education is of economic and cultural value to any community. Just last week in the February 20 issue of Newsweek there was an article on the value of higher education in the community in which the institution is located. In the city of Dearborn, this has been no exception. Trained students from our college are desired and employed by industry. Such an educational resource is a decided asset to an industry or business as it expands and needs additional trained personnel, and we already know that it has enabled our students to remain in the community and attend a fully accredited college and enjoy all the privileges of such an institution. Also an accredited institution such as ours has enabled adults to pursue a long-desired program toward a degree with a minimum of interruption from their job or their home. In Dearborn several thousand adults are involved in such programs. I would add without reservation that if this college were not fully accredited, many of the students would have had to look elsewhere for training and advanced education.

Sixth, accreditation review assures the taxpayer a full return on his tax dollar that he has invested in education for the students and the citizens of this community. This is an important assurance since today we hear so many comments about the costly programs, the extravagances and wasted tax funds in so many services of our country. It is reassuring to the taxpayer-parent when we say to his children, "Your credits are transferrable to all institutions. All the credits earned here in the various technologies are accepted without reservation by industry and business. Graduate students of our nursing program are accepted by all hospitals and nursing service agencies." Certainly this is reassuring. When we work with business and industrial people of our community and accept their students by the hundreds, and say, "We have quality programs," they have only to look at our accreditation for further reassurance that they are receiving value for their investment in training and education. These are but a few of the many values to any institution extended by accreditation.

Now I would like to comment briefly, since this is a nursing group, on our experiences at Henry Ford Community College relating to value of one kind of accreditation. Henry Ford Community College first became interestated in an NLN accreditation just before 1958 when the program of nursing which we were engaged in developing was having many problems, as you well know, principally the problem of survival and problems with the Michigan State Board of Nursing. One has only to reflect on that period of time and the skepticism that was expressed in connection with the community college two-year nursing program. After all, this was a considerable departure from the established traditional nursing program. To offset the criticism and the concern, the college administration and the staff offered to have as many members of the State Board of Nursing, or anyone they should designate, evaluate our nursing program at the college. The State Board indicated they had no one; so in an attempt to find out if our program was sound or had any merit, we contacted the National League for Nursing. As a result of this contact, the League informed us we could have visitors to evaluate and review our program. We asked for these visitors, they arrived, they reviewed our program, evaluated it in all aspects and found that, by their criteria, we met accreditation except for the full state board approval. Because of the visit and the evaluation, the State Board approved our nursing program in 1959 and concurrently with that approval, we received NLN accreditation approval.

The college in general and its program offerings were looked on with a great deal of pride by the community, but the nursing program in particular was one of great satisfaction to the college staff and to the community in general, since Henry Ford Community College was one of the colleges selected to conduct the so-called two year experimental associate degree nursing program. The accreditation that was determined to a great extent by the National Leaguefor Nursing brought pride and satisfaction to this community as well as a needed service to the hospitals and other agencies in this area.

There is one other point I would like to make today that should be of great concern to us in Michigan, as I am sure it is of concern to the rest of the nation, since Senator Wayne Morse made certain remarks about this problem last evening at the national conference of the American Association of Junior Colleges in San Francisco. In the past months here in Michigan, the Bureau of Higher Education, Bureau of Budget and the other agencies, through rather complex procedures, have assumed a major role in the direction, the growth, the size, the facilities and the curriculum in the community college. For instance, all new programs and facilities must be reviewed and approved by the Bureau of Higher Education, which approval is conditioned by the dictates of the Bureau of the Budget in terms of the amount of money available for construction and for new programs. So by controlling construction of facilities, the growth of the institution can be directed or modified in conflict with the wishes and needs of the institution. By definition the Bureau can establish credit or non-credit courses on any campus by depriving needed facilities to expand total programs. The Bureau can determine which courses receive state aid or capital outlay assistance as well as how these funds will be expended. All these controls mean, in the not too distant future, that a state bureau and not the institution will determine educational policy for entire state. This should be of great concern to all of us since it deprives the institution of the autonomy and flexibility to grow and react to the educational and training needs in the various communities. This I hope will come under study of the accrediting agencies that already recognize the need for diversity and flexibility in evaluation and accrediting techniques. By indirection so-called accreditation can be determined by some state official or state agency. This is contrary to all the best interests for higher education, for community college education and, for that matter, any education since we believe, in this country of ours, in the freedom of education. We should do all in our power to stop this trend and not sell the birthright of American higher education for a paltry state of federal subsidy.

If we are to provide for the young and the old, the gifted and the handicapped, the academically oriented, the mechanically talented, and all the diversification that we are asked to provide for in training and education, we must retain control of our institutions, continue to provide quality education through critical self-evaluation and voluntary accreditation. Thank you for your attention.

CRITERIA FOR CHANGE

Shirley Sears Chater, Ph.D.

To be in favor of change for change sake alone, is to build a curriculum without reference to the multiple bases upon which sound associate degree programs in nursing should be designed. As the title of this paper suggests, criteria for change are important; they ensure innovations which are consistent with existing philosophy, purpose and aims.

Criteria are rules or standards by which judgments and decisions can be made. Criteria for change in curriculum, then, are those rules which serve as the bases upon which change or innovation is planned, developed, and implemented.

Criteria are part of the unique curriculum frame of reference developed by a specific school's faculty. They are derived from and contribute to the total philosophy which governs the two-year program in nursing. Assuming a philosophy is a statement of beliefs, a faculty builds a frame of reference for the curriculum when it agrees upon statements about nursing, nursing education in general, associate degree nursing specifically, the unique characteristics of the junior community college, the learner, and the teaching-learning process. Fully developed, these beliefs contain established criteria and serve as the operational frame of reference within which curriculum decisions are made, and change and innovation are planned, implemented, and evaluated.

For example, if the total frame of reference includes a philosophy about associate degree nursing which includes care given to patients under the supervision of a professional nurse, it is apparent that no criteria (rule or reason) exists for the inclusion of supervision or team leading skills in the curriculum plan. Similarly, if a definition of patient care includes mental health needs of patients, this criterion contributes to curriculum decisions. It helps to identify content, i.e. principles of mental health; it aids in choosing learning experiences by identifying clinical laboratories wherever patients may be found.

The need for change may begin with a study of philosophy, purpose and aims, but more often, faculties are motivated toward change or innovation because of a specific problem which arises from the implementation of the curriculum. Typical problems include: How can we plan learning experience for pediatric nursing where there are limited facilities? Should we include a unit on open heart surgery because Dr. X requested it? Now that subject A and B have been integrated, how can we teach the content which seems to be left over?

To solve problems like these, faculties must examine the total curriculum frame of reference and ask, what criteria do we have which support a change? The solution to the problem must be consistent with the overall frame of reference. With a well defined frame of reference for the program, common practices such as adding subject matter to the present courses or extending the length of the program are seldom justified. Since each school will have developed its own unique frame of reference, one school may not be able to utilize the solution to a problem found to be effective by another school. Climate and characteristics of the entire junior community college help to determine the extent to which the problem can be solved.

Assuming the existing framework of the curriculum is consistent with current beliefs about nursing education and nursing practice in associate degree programs, what changes in the curriculum will improve associate degree nursing programs? /1

1. A system must be devised for selecting from the available content to be taught those concepts and ideas which are nursing.

   Medicine, surgery, pediatrics, etc. must be taught only as they are relevent to nursing practice. We can no longer teach that which we were taught. We must keep asking ourselves, what is "nursing" about the care of patients with hysterectomies; what are the nursing concepts derived from the care of the pediatric patient?

2. The "processes" of nursing must be identified and selected as content as well as traditional content composed of facts and principles. According to Parker and Rubin, processes are the "cluster of diverse procedures which surround the acquisition and utilization of knowledge." /2 Behaviorally written objectives refer to some of these processes: identify, compare, contrast, decide, solve, modify, classify. The area of process in nursing is relatively unexplored, but their identification of processes would seem to minimize waste motion in teaching and achieving maximum use of subject matter.

/1 National League for Nursing, Criteria for the Evaluation of Associate Degree Programs in Nursing, 1967, draft.

/2 Parker, J. C. and Rubin, L., Process as Content, Rand McNalley & Company, Chicago, 1966.

3. Organization of subject matter (both content and process) can facilitate learning and transfer of learning. Recent theories of instruction support the proposition that students should be encouraged to seek patterns of knowledge. Organizational plans which provide for integration, identification and utilization of core concepts and strands or threads of continuous content propose to do just that.

   Many associate degree programs reveal a movement away from the traditional body-system plan of content presentation, toward content that is organized into units called Nursing I, II, III, etc. One must look closely at the specific content, however, to see if the new organization does in fact satisfy criteria which serve as the rationale. Too often the wary faculty, distrustful of the new organizational plan, add an "all-that's-left-over" unit. This violation of the criteria established to support the curriculum in the first place is circularly defeating.

4. The teaching methods selected must be determined by the criteria identified from current learning theories. Teaching strategies should be consistent with the way students learn. Problem-solving, inquiry methods, creative use of a wide variety of laboratories are but a few of the strategies utilized for effective teaching-learning of nursing process and product.

In summary, we must stop using excuses for change and begin to use sound criteria for change, those which are inherent within the total curriculum frame of reference. "State board failures" are weak excuses for change; "Dr. Jones wanted it" implies lack of communication; "they do it when they graduate" because they've not been taught not to do it; "we don't have enough time in two years" admonishes us to create new methods of teaching different content in less time. Creative innovations in content, process, organization and teaching methods are within our reach. Criteria exist which support change; we must identify them.

INNOVATIONS IN NURSING EDUCATION

Eleanor A. Tourtillott

You perhaps will recall the fable of the Sea Horse who, after gathering up his seven pieces of eight, cantered out to find his fortune. He had assistance from the Eel,, the Sponge, and the Shark. The Shark offered him a short-cut which would save him a lot of time. However, you will recall that this short-cut led the Sea Horse immediately into the interior of the shark, there to be devoured.

The moral of the fable is that if you're not sure where you're going, you're liable to end up someplace else. Our goal is to demonstrate an increase in essential learnings through the use of multi-media, electronic teaching systems, television, programed instruction, team teaching, and other means, throughout the nursing component of an associate degree program in nursing.

Gabriel D. Ofiesch, Colonel, U.S.A.F., speaking at a conference in 1964 on New Media in Education, Business, and Industry, said, and I quote: "Teachers may inspire, motivate once in a while, illuminate an abstract or abstruse principle, but teachers rarely teach anyone anything, except in the tutorial relationship. Since it is obviously impossible to establish an ideal tutorial relationship for every student in every classroom in the nation, some means must be found to mass-produce and extend the elements of this relationship to every student, so that each can have the benefit of quality instruction. We must do for education what Henry Ford did for the automobile assembly line and what Bessemer did for the steel process. We must "Bessemerize" quality education. If we could, we should take our master teachers and, after a careful analysis of their techniques, we should package their skills for millions of students."

Our innovations, the two electronic teaching systems: the MTA and the Edex, were selected for their capabilities to provide tutorial relationships. The MTA teaching system is used to achieve a tutorial relationship with the individual student, while the Edex teaching system achieves a tutorial teacher-student relation in large group instruction. These systems can be used alone, jointly, and/or in conjunction with television, films, single-loop films, as well as other teaching aids, depending on the results desired.

For a comprehensive view of the potential of the MTA Teaching System, I have selected an excerpt from the programed unit "Preparation and Administration of Parenteral Medication," prepared by our faculty. We use the Gestalt approach to facilitate the students' comprehension of the total and to help the student see each part in relation to the whole. I have used this same approach in preparing this presentation. All students viewed a video tape entitled "Preparation and Administration of a Subcutaneous Injection." Following this, students used the audio-tutorial laboratory for instruction and practice on the individual parts.

In this excerpt, three different media are being used: the audio through the Cousino, the program paper on the 400 Scholar, and the visual via the Carousel. Since it would be difficult for you to read the written materials if they had been put on the screen, I will read them to you, actually two in number, when indicated. The excerpt starts with the Cousino tape at point 45, slide number 29.

Identify by name the parts of the syringe and needle that are to be kept free from contamination. Press button A for answers. When the student is ready to advance, she will read the correct answers on the programed paper. "Tip, barrel-inside only, plunger, needle shaft, and point hub inside only."

This is called a multiple vial. It contains many doses of the same medication. The frame on the programed paper instructs the student to do the following:
1) Obtain the medicine card for Mr. Smith in pocket J. 2) Select the medication ordered for Mr. Smith from the medicine tray. 3) Pick up an alcohol sponge, holding it over the waste container, squeeze out the excess alcohol. 4) Do not squeeze out the excess alcohol over the container of clean cotton sponges. Having done this, the student pushes button A and the Cousino starts, and the Carousel advances to the next slide.

Wipe the top of the vial with the alcohol sponge. Use friction since you are getting the top as clean as possible. Discard the sponge in the appropriate discard container.

Now, assume that the assembled syringe is not contaminated. Pick up the syringe and remove the needle protector, keeping the needle free from contamination. Mr. Smith is to receive 1 cc. of medication A.

Pick up the vial and, holding the syringe and vial as shown on the slide, insert the needle all the way into the center of the rubber portion of the vial. Notice that the tip of one finger is on the flange to control the plunger. Push the plunger in, inserting the air. This air increases the pressure in the vial and will help force the medication to flow into the syringe. Without changing the position of the hand that is holding the syringe, rest the vial on the table and press button A.

Maintaining the same hand position on the syringe, invert the vial, holding it as shown on the slide. Look closely at the position of the fingers on each hand. There are several correct ways to hold a syringe. Try this way first. Later, you may find a way that is more comfortable for you.

Pull the needle out from the vial until the tip of the needle is below the level of the medication, being careful not to touch the shaft of the needle. Turn the syringe so that you can read the cc calibrations. Pull the plunger out slowly until the measuring line measures slightly more than 1 cc. With the vial in a perpendicular position, as shown on the slide, push the plunger back until you have 1 cc of medication in your syringe. This will remove the air bubbles that may be in the syringe. Hold the syringe securely with one hand, rest the vial on the table and press button A.

Holding the syringe as shown on the slide, check to see that you have 1 cc of medication in the syringe. Pull the vial away from the needle and replace the needle protector. Check the dosage for Mr. Smith. At this point, you would be ready to give this injection to Mr. Smith. However, this is not our immediate goal. Continue by pressing button A.

This was the end of the excerpt. And now, to enhance your conceptualization of what you have seen, I will present the individual components of the MTA Teaching System and discuss this system's advantages to students and faculty. As shown in the excerpt, the MTA Teaching System hardware we use most frequently in combination to attain audio and visual synchronization are: The MTA 400 Scholar, the Cousino, the Kodak Carousel, and a Mira-screen. Each can be used individually or in a variety of combinations.

The MTA 400 Scholar is a portable, automated multi-purpose stimulus programer. It is 10 inches high, 18 inches wide, 20 inches long, weighing 33 pounds, with a display window area 5 inches by 7½ inches. Much of the Scholar's versatility is attributed to its basic control media; its four-button response system with multiple choice capability; four-channel indexing system with linear and branching capabilities; fanfolded program paper; and parallel answer paper.

It has the ability to receive a wide variety of "plug-in" auxiliaries cued directly from the program to complement the presentation of stimulus items.

The cover is lifted to thread in the fanfolded program paper and the parallel answer paper when appropriate. To date, we have used the program paper without the answer paper. If it were used, the student would record her responses on it.

A close review of the program paper reveals the slotted type indexing code which permits the program to advance only when correct answers are chosen. The round hold codes provide four-choice branching capability to advance the student directly to response-determined information, while skipping all irrelevant material. The program paper may be used to give information, instructions, diagrams, etc., as well as ask questions.

The Cousino Audio announcer is a transistorized tape repeater and recorder designed for exclusive use of continuous tape cartridges. It has all of the capabilities of a conventional tape recorder, but with additional adaptives for specialized purposes.

The continuous tape cartridge proves playing time up to 30 minutes at 1 7/8 inches of tape per second. It has a starting identification mark and conductive foil strip for shut-off.

It can be used with or without ear phones. This flexibility permits a variety of combinations for meeting both individual and group needs.

The Kodak-Carousel 700 projector holds up to 80 - 35 mm slides, and is used with a micrascreen.

The MTA Timer may be used with the 400 Scholar to advance a program at fixed intervals. Materials such as medical abbreviations, terminology, or other rote memory items, may be prepared on continuous loop program paper. With the timer, it can be used by the student for drill or memorization. This is sometimes referred to as a memory drum relay.

The MTA 400 Scholar gives specific instructions, supplementary information, or asks questions, all via the program paper; the Cousino gives the student specific instruction and supplemental information via the continuous tape loop; while the Carousel provides visual aids via slides. All of these are synchronized through the 400 Scholar and controlled by the student herself.

A few of the advantages of the MTA Teaching System, as we have experienced it, are as follows:

1. Once a program is prepared, it is available for a variety of purposes;
2. The student proceeds at her own rate of speed; she controls the pace of the machine;
3. Standardizes instruction for students;
4. Easily available and can be repeated as many times as desired;
5. Better teaching, better prepared presentation;
6. Better utilization of faculty's time and abilities;
7. Eliminates repetition and repeat teaching for instructors;

8. Relieves faculty from routine instruction and allows time for reflection and creativity;

9. The MTA tutorial relation is more efficient in coping with individual students.

To evaluate our use of the MTA teaching system, we asked both students and faculty for their opinions. The results were most interesting. Students said they were not bored or rushed -- they could proceed at their own rate. The material was presented in small steps so that they could understand and grasp the content. They liked being able to repeat the materials as many times as they desired, and liked working without the constant presence of an instructor. They learned to look, and listen ... with a purpose.

Students repeatedly said, "If you pay attention, you really learn; it's all there!" They learned to follow explicit directions. Student evaluation of the course in Clinical Nursing revealed 52 students out of 77 identifying MTA programed units as one of the three most helpful, while only 2 identified it as one of the three least helpful. By way of comparison, 34 students identified video tapes as one of the three most helpful, while 10 listed video tapes as one of the three least helpful.

Faculty said they were able to view the materials at a time convenient to them, rather than attending class at a specified time. It proved an excellent way to orient new faculty as well as faculty who would be involved with these students in the following semester. In other words, it not only standardized student instruction, it standardized instructors' instruction as well. With the use of the MTA system, the faculty's responsibility for laboratory practice changed. Time previously spent helping students learn in this setting was markedly reduced. Much of the time, one instructor in the laboratory on campus was sufficient to meet student needs.

We have always had laboratory practice for the manipulative skills. However, with the MTA System we were able to use the laboratory in a much more flexible way, more truly as an audio-tutorial laboratory. Laboratory activities are integrated with the MTA System and are planned to reinforce programmed materials. Laboratory manuals are prepared for student utilization and learnings. The purpose of the laboratory now becomes a learning area in which students prepare for hospital experience, much like students prepare for classroom instruction through textbooks and library references.

The programmed materials were used to solve two problems for which we had no answer under the conventional system:

1. One student had abdominal surgery and missed essential learnings. She was able to obtain these essential learnings via the programmed units. Previously, a student having been absent for that period of time would have been unable to "make up" work and would have been unable to continue.

2. Eight transfer-in students, or students re-entering the nursing program after a leave of absence of one or two semesters, were admitted to a planned orientation. They reviewed the materials programmed on the MTA, giving them a background more similar to their classmates. With eight MTA systems, we were able to have eight different programs or several similar programs scheduled and operating at one time in a limited amount of space.

Our second electronic multi-media system is the Edex. The Edex Teaching System provides a tutorial teacher-student relation in large group instruction. The hardware used in this system consists of a Teacher's Console, an auxiliary projector for filmstrips, slides and/or motion pictures, and student response stations. The console itself contains a tape transport, a programmer, the classroom communicator controls, meters and light panel; ten to eighty cumulative digital counters, and electronic control circuitry. Another component which can be added for use with these units is a printer. The student responders are placed in the classroom at student positions, and are connected to the console through junction boxes.

This multi-media system uses the teacher as an integral operant within the system. The teacher makes her presentation to the class; the students respond to the questions asked; the overall group response is recorded. Individual responses are indicated on the light panel, and a cumulative record of the individual performance is maintained through the counter system and the printer. To give you a better understanding of the operation of the system, I will present each unit, its purpose, and function.

Using the programmer in combination with the tape transport, the instructor prepares the soft ware. She programs her content, then records it on tape for presentation to the class, and supplements it with appropriate visual aids interspersed with multiple-choice questions. The presentation of all this material is automatically controlled. During the program, the students must respond, and their responses are known immediately to the instructor.

The tape deck is operated as is any tape recorder. The tape can be stopped at any point, as student need indicates, to clarify, reinforce, rebuild, enhance or broaden student learning.

An individual responder is located at each desk. The student responders are fitted with the recessed keys -- marked A, B, C, D and OFF.

Questions may be approached like this ... first with instructions on how to answer, followed by the question. This is an example of a multiple-choice question that might be used. The student reads the question, decides which answer is correct, then presses the button that corresponds with the answer letter. The student may change her answer before points are scored with no penalty. Her answer is then recorded on the percentage meters, the light panel, the counters, and the printer.

The four meters, A, B, C, and D, record the overall group responses at the console. These meters tell the instructor the percentage of students selecting each answer. They present a continuous reading of the percentage of students answering correctly, or incorrectly. The instructor gets immediate feedback, and thus knows how much learning is actually occurring.

The light panel indicates the individual responses -- that is, the instructor can see by the aid of the light panel and an overlay seating chart which answer each student selected. This is accomplished by pressing the answer button at the console, together with the activator button. This lets the instructor know how well each student is learning.

The counter system maintains a cumulative record. There is a counter on the console corresponding to each individual responder. The instructor may score points for any answer by pressing the correct answer button on the console and dialing the number of points she wishes to assign to it.

At the end of the class period, each individual's total score is indicated on the counters.

The printer maintains a permanent record on paper of each student's scoring performance. Each response made by the student is automatically recorded. Combined with the total score from the counters, the instructor has immediately available a record of the individual responses for each question asked, as well as the total cumulative score. Both of these records are available to the instructor and students at the end of the class period. We believe the Edex Teaching System approach improves conventional instruction by ...

1. Carefully ordering the materials and devices used in instruction to perform specific instructional tasks. All components of the system are highly directional, aimed at pre-determined terminal behavior. Through the presentation aid of the mechanism (machine), carefully prepared materials are presented to all students.

2. Requiring all students to report to the feedback side of the mechanism by means of a responder. By the use of frequent interrogation, controlled by the presentation side of the mechanism, all students are necessarily active. There can be no passive students on the system without their being immediately identified by the teacher.

3. Giving the instructor a constant flow of information about the group as a whole, and about each student

within the group, on which to make valid judgments about curriculum and do what instructors should do -- counsel, guide and tutor according to identified needs of the student.

As we see it, a few of the advantages of the Edex Teaching System are as follows:

1. Instruction can be standardized and maintained at a high level;

2. Students are highly motivated;

3. Constant participation is required by the student;

4. Economy of instructor time is accomplished by devoting time only to true instructional tasks; and

5. Students learn what they are expected to learn.

The Edex can be used in conjunction with MTA. We use it sometimes for the Gestalt of materials programmed for the MTA; for criterion tests of student-learnings immediately following completion of MTA programmed units, as well as for long-range testing of material learned; to identify weak points in any program; and to diagnose the need for remedial work for individual students.

It's time now to see how well I have programmed this material for your learning and to see how much you have learned. A few sample questions will be given. Questions 1 through 4 are true or false. If the question is true, press Button A; if false, press Button B. Ready?

True or false? The Edex machine permits the student to progress on programmed material at his own rate of speed.

If you pressed Button B for false, you scored twenty point.

True or false? To advance the programmed material on the MTA Teaching System, the student presses the appropriate button.

If you pressed Button A for true, you scored twenty points.

True or false? The MTA Teaching machine provides the instructor with a record of student responses.

If you pressed Button B for false, you scored twenty points.

The MTA Teaching machine is designed to present material to a large group of people.

If you pressed Button B for false, you scored another twenty points.

Now, here's the question you saw before -- Select from the answer choices marked A, B, C, and D. Which of the following is not an advantage of the Edex Teaching machine? A -- Instruction can be standardized. B -- All students respond to the questions. C -- Students control the progression of the program. Or, D -- There is an economy of teaching time.

If you pressed Button C you added twenty more points to your score.

Congratulations! You've done very well! And you've been a most attentive audience. Thank you.

CLOSED CIRCUIT TELEVISION

Beatrice Perlmutter, Ed.D.

While you are finding your seats and getting organized, I thought I might share with you a little true story that happened at Bronx Community College, lest you think that we are getting automated to the point of no return. You know, of course, that we hear this occasionally: "It is all machines, no nursing." In our program, like any other program, we spend a great deal of time throughout the four semesters, Nursing 1, 2, 3, and 4, talking about the patient as a person, the total human being, and interpersonal relationships. I am sure this is familiar to all of you. Very recently, one of our new graduates came back to visit one of the faculty members and she said gleefully: "Mrs. Kelly, you know I passed the State Boards." The faculty member, Mrs. Kelly, said: "Oh, fine, isn't that wonderful -- where are you working?" The usual conversation between the new graduate and the faculty member ensued:

Student: "I am working at X hospital."

Faculty member: "How do you like the hospital?"

Student: "Great, except for one thing; it's a little different from what I am used to."

Faculty member: "What do you mean?"

Student: "This is a voluntary hospital and the patients, you know, are a little more demanding. I know you have to understand all this, etc., but we have one patient who is terrible -- I have never had anything like this before."

Faculty member: "Really, well what did you do about it?"

Student: "Well, I tried all the things you taught us and nothing seemed to work. He's really impossible."

Faculty member: "Did you speak to the supervisor -- perhaps she could help you."

Student: "Yes, I did."

Faculty member: "What did the supervisor say?"

Student: "She told the patient to go to hell."

We call this "Nursing 5" -- you know, 1, 2, 3, 4, and this is Nursing 5: The reality into which a new graduate enters.

We have here for you today a film which was made under very interesting conditions. Mid-semester, Gerald Griffin said, "Would you like to make a film of clinical teaching via closed circuit television?" We said we would see, since we did not know if we would have the time. After intersession, school resumed and immediately thereafter, we had a snow storm, then came Lincoln's Birthday, then Washington's Birthday, and during these times we were unable to film. We had two days in which to make the film. We would like you to understand that this is an actual film; it has a small amount of editing which was done by the use of a small button. It is not a refined tape which could be made, and which should be made, and which would have been made if our other tape recorder were not being repaired. I am spending a little time on this because I am trying to determine whether they are ready over there. The machine for today's presentation is not working well.

Actually, this is a presentation of the clinical teaching in a particular unit, which was done a week ago Tuesday and Wednesday at Bronx Community College. The tape was made by a nurse/instructor, Avis Pitman, who is a Bronx Community College faculty member, but who is on loan to a U.S.P.H.S. Research Grant. Professor Pitman made the film. The instructor you will hear is Mrs. Judith Allen. Mrs. Allen helped with the making of the film. We must remember that the making of the film is not part of this particular act of clinical teaching; this is over and above the call of duty. The clinical teaching and the working of the machines are done by nurse-faculty members who learned in a very short period of time to utilize closed circuit television in teaching. As soon as we know what our next enrollment is going to be, we say to one of our instructors, "Would you like to teach by television?" If the faculty member says yes, then she is oriented one or two times and from there on, she teaches via TV.

On this particular tape, you will hear a lot of things that are a little different from the actual situation. For instance, you will hear a lot of extraneous noises, radios, the curtain being pulled back, voices of patients talking to one another, visitors, the newspaperman, etc. -- all the people who normally enter into the clinical nursing situation. However, in the actual set-up, this is minimized to the point of being normal. For purposes of making the tape, we had to open up another amplifier so that what the students and what the patients were saying would be heard by the tape recorder as well as by the faculty members. As a result, these extraneous noises are magnified. In addition, the process of taping magnifies sound.

(How are we doing over there?)

The tape recorder rented for us by the National League for Nursing worked beautifully while the other two speakers were speaking and then I noticed some problems --- anyway, the tape that we hope you will be able to see is an audio-visual tape of clinical teaching by closed circuit television.

You will notice that the title is a little different from the one that appears on your program. Remember, please, the students are freshmen; this is their second day in the clinical area. When you see some of the things they are about to do, you will know why I emphasize this. We made no attempt to show you a perfect performance; we made no attempts to show you perfect teaching -- this is merely what happened on a particular day and shows the problems of the faculty member who was running the closed circuit television, as well as our students' problems. After you see this tape, I would like you to consider some further possibilities for its use.

We are using closed circuit television for two purposes: one, clinical teaching for our own students and for utilization in a research project to develop a tool to evaluate nursing care. The clinical teaching done via closed circuit television happens to be incidental; we hope eventually it will not be so. Just as we can photograph what the students are doing in the clinical area, we can photograph and tape any aspect of nursing care as it occurs. This is somewhat different from what we saw this morning. We can actually turn a camera on in a patient's room, film and tape all day long, then edit those parts which are not needed for teaching.

In addition to what you will see here today, there are many other facets for which closed circuit television can be used. We can, instead of a 1,2,3 procedure kind of thing, show actual changes in patients; we can actually show care being given. As we become more facile in using the television, we will be able to show the effect of care. We are able to see things that we never saw before. The nice thing about it is that if we desire, we can put it on tape and then play it back when needed. Television, in addition to actual use in clinical teaching, can be used to develop tapes which will enrich learning in the classroom with those types of experiences which are not so easily accessible. I know that the previous speaker said we do not need all of them, but once we decide which we do need, we can record it on tape and play it back to our students.

The tapes can be edited, and we can put little signs in. You will notice at the beginning of the tape we have added, "Bronx Community College presents ...."; this was done by having a patient in his room holding up a sign. You will notice a picture of a camera; this was done by Professor Pitman taking her bedroom mirror and using it to photograph the reflection. You will also notice a picture of Professor Ehrhart which was taken two years ago while she sat at the monitor; we have put this into the tape.

This is a patient's room at Montefiore Hospital; one of the many that we use for clinical teaching. This room is different because it contains television equipment. We would like to acquaint you with this equipment before we show you how we use it for clinical teaching.

The closed circuit television system has fifteen cameras; two in each of the rooms like this one, and one camera in a single room. The cameras are positioned high on the wall of each room. The camera on the right of this picture is actually being used to make this video tape. The position of this camera and one other like it may be remotely controlled from a monitor room, and each camera has a zoom lens. The other thirteen cameras are stationary, but may be manually adjusted. The pictures are transmitted to the monitor room. Here, you can see the two monitors with which we work. The instructor wears a head set for audio contact with the student. The monitor on the right is manually controlled and is connected to the audio system. The left monitor has an automatic cycle with the picture changing every twelve seconds. It is without audio.

The lights on the panel in front of the instructor tells her which camera is in use and if the student is calling for assistance. The voices of the students are picked up by the mocrophones and carried to the instructor's head set. Here is the mike cord running up the wall and across the ceiling to the microphone. Each camera works in conjunction with one microphone. There are two ways for the instructor to talk with the student. The first way is directly into her ear through an audipage. The patient cannot hear what is being said. The earpiece is clipped over the ear of the student as if it were a transistor radio. The audipage consists of the earpiece connected by a wire to the battery case. The whole mechanism is powered by a small battery in the base of the case. The instructor is also able to talk directly into the room via a speaker in this wall box. This box also contains a tally light to let the patient and the student know when the camera is on. If the student needs the instructor, a light touch on this call button turns on a light at the monitor. The light that you have just seen go on indicates that the automatic monitor has reached its position. Now that you have an idea about the components of the system, we will show you how closed circuit television is used for clinical teaching.

As you look at the video tape, please remember that the students are new in the program. Also, remember that the video tape was made as the teaching occurred. Since the weather was very dreary, the available light level was much lower than we would have liked it to be. The action itself is completely spontaneous. Each picture change that you see is controlled by the instructor from the monitor. The voice is the voice of the instructor speaking to the student.

FILM SHOWING STUDENT GIVING PATIENT A BATH
FILM SHOWING VARIOUS STUDENT LEARNING ACTIVITIES

Can you see the normal way in which the students are speaking? The patient does not hear the instructor (although it may seem as though he does). You will notice the way the student is able to contact the instructor whenever she has the need, just by speaking in a normal voice in the room. You have just seen one instructor teach in the clinical area using closed circuit television. You saw how quickly she was able to move from place to place .... you saw how freely she could communicate with the students by speaking directly into their ears .... how she could give assistance upon request, or as the situation required it .... how she was able to elicit information to help develop students' ability to observe and communicate .... how she permitted the student to use her initiative, or to work through everyday problems with only verbal guidance. We do hope that the video tape you have just seen has demonstrated how closed circuit television is being used for clinical teaching.

I hope that the extraneous business and our problems with the tape did not inhibit too much. I want to remind you again that this was the students' second day in the clinical area. We laugh and say, "Isn't that horrible!" The difference between our observation of the students with closed circuit television is that we see it happen, and you do not. The only ratio that will show you the kind of thing that you saw on this tape is a one-to-one ratio, and I do not think there are many schools that could have that kind of ratio. We can see our students .... we can see some of the unusual things which they do when they do it .... it sometimes makes your hair curl, but it is better if your hair curls, and you see it and correct it than if you do not see it at all.

I do not care what your ratio is: one-to-four; one-to-six; one-to-nine; or one-to-ten .... when you are working with one student, the other x number are doing an assortment of things. While the instructor is talking to one student, the other monitor constantly flips and each student is seen for a twelve second period. Every three minutes our instructor sees each of her students .... she can hear the interaction between patient and student .... she can see many things which we, in our wildest imagination, could never see when using the traditional methods of teaching.

Also, the instructor, of course, has the advantage of having seen the patients before and knowing the changes and relationships between the students and the patients in the clinical area. The tape could have been stopped at any point; we could have photographed and gotten the audio of any portion.

For example, the situation in which the patient did not want to cooperate would be a meaningful experience for the students to see and to be aware that not all patients want to be bothered, and so on.

We could just take all aspects of nursing and put them on another tape. We could tape all day long and just pick out all the extraneous situations and use only those areas which are pertinent. We could see a patient before going up for a pacemaker operation, for example, and we could demonstrate the way in which the nurse speaks to him and explains what is going on. We could see him immediately post-op, because we can edit the tape .... we see his wound .... we have an opportunity to record a conversation with him .... we could demonstrate (once we get the machines working the way they should) what nursing really is. We hope to utilize some of these pictures in our teaching. We hope to be able to demonstrate the concepts and the principles that we talk about --- not in an acted out situation, not in a false situation, but with actual patients and nurses, or student-nurses at the time the action occurs. In this way, we can see interpersonal relationships and we can hear what is actually occurring. We hope that as television develops, and as we develop in our use of television, that we will be able to utilize this medium for our benefit.

If you have any questions about the machine or about using it, Professor Ehrhart and I will try to answer them.

FROM THE FLOOR: What is the reaction of the patient?

ANSWER: The patient does not mind. Any time he is on television, a light goes on. He knows when he is on television and any picture such as this requires a release from every person you saw on tape. While in the normal clinical teaching procedure, the patient is aware that teaching is going on. The camera is never on when the light is off.

FROM THE FLOOR: Is permission received on all patients?

ANSWER: Yes, we do receive permission. We get permission from the family, just as we would in any other situation .... if the patient is unconscious, the same principle holds. Anything we do in a hospital situation we do with the consent of either the person (if he is capable) or a responsible relative. Only if we tape do we need a signed release. Whether I come in with my camera or you come in with your instructor, the same explanation must be made. We do not need special releases if it is in the normal course of clinical teaching. The minute I record it for posterity, I need a release.

FROM THE FLOOR: What is the cost of closed circuit television?

ANSWER: You know, I was afraid you were going to ask that. Perhaps I can answer it in a devious manner. This set is old; it is almost obsolete --- not the tape recorder we did this on, but the one the operator here is using and the one we used to have. The advances in television have been such that right now, we are in the process of trying to develop a system for making tapes; the kinds of tapes we talked about. A fairly decent unit, including the camera and a portable monitor --- a complete portable set-up with which we can photograph in a nursery school or a delivery room, etc. would cost about $20,000 to $30,000 or $40,000. Now, that is a big range, but it depends upon the units you have, and it depends upon each day. As time ticks by, television equipment becomes cheaper.

FROM THE FLOOR: Has there been any difference in the student-patient ratio and if so, how?

ANSWER: My answer to that is "yes." We have fifteen cameras, so we have a fifteen-to-one ratio. The point is, you can see, that if we had twenty cameras, we could see twenty students. Our problem might be in pre-conferences and post-conferences. However, the actual observation could be done. It would not take many more, but it is a matter of how many cameras you have. In other words, the number of cameras determines the number of students you can observe. If we had multiple assignments, you could observe many more students. We are on a magic number system too, and our magic number is controlled by the number of cameras. Whereas we, at Bronx Community College, normally have ten students to one instructor in the clinical area, in the closed circuit television area, we have fifteen students to one instructor. There is nothing that says it couldn't be sixteen, seventeen or even twenty.

DEVELOPING SINGLE-LOOP FILMS AND TEACHING AIDS WITHIN THE COLLEGE STRUCTURE

Shirley Conklin
(Demonstration by Robin W. Schechter)

The Registered Nursing Program at College of Marin has prepared a teaching device that is relatively inexpensive considering the values derived. Even though federal funds are now available to us because of Reasonable Assurance of accreditation, to date we have been using funds made available through our local junior college district. We believe that federal funds should not be used just because they are available; we further believe that the benefits derived from accreditation should not be valued on a financial basis.

Our project is not entirely new to most of you. At the last associate degree conference in St. Louis, we heard reports of projects with 8 mm film projection. After reading and studying the limited material on 8 mm projection in nursing education, the master teacher in our fundamentals of nursing course asked if she could experiment with the filming of nursing techniques. Together we studied the feasibility of initiating a film library. Our assumptions were these: A main objective of an AD program in nursing is to prepare a technical practitioner. This does not mean preparation by observation alone, but instead imposes upon us a certain obligation to prepare a practitioner who is proficient in technical adequacy upon graduation. In teaching in an AD program, numerous techniques are taught in a college laboratory. These techniques are usually demonstrated only once, and then a student is allowed to perform these techniques in the hospital setting.

Oftentimes, as all of us well know, a long time may lapse before the actual learning experience is available in a hospital or clinical agency. The teacher must then reteach the technique or the student returns to the college laboratory and practices it on her own, sometimes of necessity, without teacher assistance. Often faulty learning occurs. Necessity for independent study in these programs implies a faculty obligation to provide tools for independent study. Our plan of action was as follows: To film nursing techniques for independent study for students in the AD program; and eventually to research a control group, those taught by the conventional method alone, and another group taught with accompanying films along with the usual method of teaching. The latter plan has not been initiated as yet, but will include a select group eliminating as many variables as possible such as age, educational background, etc. We believe that students can learn more rapidly by being subjected to a film followed by an actual demonstration. Although we have no research data at this point, it appears from early experience that students do learn better and more rapidly when they can sit quietly and view a narrated film prior to the teacher's actual presentation. Our last plan of action was to develop a film library for student utilization. We felt that there were at least fifty (50) techniques that could be filmed, placed in a library, and be made available to students on a library type basis. As the project snowballed, however, we find now that our original list of fifty (50) techniques or so was just a beginning. Other teachers in our program plan to utilize the technique in teaching mental health concepts by filming role-playing situations. The MCN faculty will be able to film a child growth and development series.

In explaining our project to interested groups in the community, we find also that hospital administrators and in-service educators wish to use this device as a possible adjunct to their in-service education program.

Within the last two years, College of Marin formed a new Committee: The Instructional Research Committee. $25,000 was budgeted for beginning endeavors and teachers were invited to submit projects for consideration. Project plans did not necessitate pure research. Instead, instructors were encouraged to present any possible projects which could be done inexpensively and at the same time would introduce newer methods in teaching. We presented our plans to this committee and were granted $2500.00 to begin our project.

Now I would like to introduce our master teacher in Fundamentals in Nursing, who will demonstrate our project to you.

Following her presentation, I will discuss with you the specific costs of our project.

Mrs. Schechter ....

Demonstration (Robin W. Schechter)

It is growing late and I will try to be as brief as possible.

As Miss Conklin mentioned, the single-loop films we have developed to date have been produced within the locale of the college laboratory. We do anticipate using the hospital setting for some of the film series, however. Growth and development sequences of the ill child in pediatrics and psychiatric group conferences are examples that would seem to lend themselves to the single-loop film approach.

In the preparation of the single-loop films, two scripts are developed. The first script is more informal in nature. It entails a plan of action for the technique we have decided to demonstrate. Within this plan of action, a time approximation of wording must be considered, as there are occasions when several seconds of wording is needed on the film when, in fact, little action is actually occurring.

At this time we determine also what aspects of the technique we want to magnify or enlarge upon. We have found that it is advantageous to have an additional member of the faculty present while shooting the film. This person can function as a resource person, as well as reinforcing, for the benefit of the film technician, the principles and technique of the procedure being filmed. After the filming has been completed, the film is sent out for developing.

The next step in production is to edit the original film. Extraneous movements are cut out and the enlargements we have made at the original filming (for the purpose of better visualization of specific equipment and elements of technique,) are intercut in appropriate sequence. After the editing is completed, the film is sent out to be copied in its edited form. Both films are stripped for sound at the same time.

When the films are returned to the college after sound-stripping, they are narrated for sound, which is the third and final step in the production of a single-loop film. We have recently found it advisable to narrate the copy of the original film, and then to transfer this narration onto the original film. This is because the original film has splice marks on it from the editing and the sound-stripping may be uneven where it passes over the splices. Where the stripping is uneven the sound produced will be distorted in quality and as the film copy has no splices in it, this problem is eliminated. We have decided that a minimum of two films of any given demonstration is necessary. Should your copy become damaged, you can always go back to your original film and have another copy made. The instructor time involved in single-loop film production varies with the length of the film. A five-minute film such as the blood pressure film which we will demonstrate requires approximately eleven to fifteen hours of instructor time.

We see the single-loop film as being advantageous in several areas of nursing, particularly in basic nursing skills and in some of the more complex nursing skills. As I mentioned earlier, it would also seem to lend itself to growth and development observation of the well and ill child, and in such areas as role-playing and group interaction observation. As Miss Conklin mentioned, we have projected a library of over fifty of these films.

The College laboratory initially will be set up with the two carols incorporating the Fairchild Mark IV projector, an example of which you see here. The blood pressure film I will demonstrate to you is set up on the Fairchild projector which can be used for showing the single-loop film to larger number of students when it is advisable. The operation of this audio visual aid is very simple for the student. An 8 mm film, after having been edited, copied, and narrated, is put into a cartridge. The student takes the cartridge of the film she wishes to view to the Fairchild projector, slips it into the cartridge slot, throws the "ON" switch, and the film begins. At the end of the film, the projector automatically shuts off and the film is ready to be viewed again from the beginning. As you might anticipate, there are two disadvantages to this system, as it now functions. One, the student cannot scan to any particular point in the film.

For example, let's say she knows the first part of applying the blood pressure cuff, but she doesn't know how to palpate the brachial artery. She still must view the first portion of the film while waiting for those sequences she wishes to review to appear. The second disadvantage is that she cannot stop the film at any given point to observe a set-up or the handling of specific equipment.

Both of these technical aspects are being studied by the Fairchild Company, and they tell us that these modifications will be in order soon. This system could then be adapted for such teaching methodology as programed instruction. The student could stop the film at a given time, for instance, and get her hands in position for withdrawing from a medicine vial - then restart the film.

Before we solicit questions from you, I would like to mention some of the advantages of this audio-visual teaching aid.

First, it allows for individual differences in student learning in a nursing program such as ours, where we have a heterogeneous group of students and where we place a great deal of responsibility for learning upon the student. Secondly, the student can proceed at her individual pace to develop the competencies desired and her practice is reinforced positively and correctly. Third, the student can review quickly, reinforce, and recall previous learning. I am sure that many of you have had an experience in which a technique has been taught in the college laboratory setting and several weeks, or even months, may elapse before the student has the opportunity to again practice the technique in the hospital situation.

Fourth, a student who seems to be deficient in a given technique can be referred by her instructor to the college laboratory for review of the technique by means of the single-loop film. And fifth, the instructor, we feel, is better able to meet the needs of the entire group of students. She can supervise the practice of all the students in the college laboratory, while students with selective problems can review their own problem areas. The instructor can then give as much time to the average and above-average student as she gives to the below-average student. The instructor can teach greater numbers of students, if necessary, without the loss of instructional quality.

You may think that eleven to fifteen hours of time to develop a five-minute film places excessive demands upon an instructor, but we feel that in the long run it is well worth the time involved.

Miss Conklin will continue:

****

Summary (Shirley Conklin)

Your interest probably will lie now in how much this actually costs. First of all, we have a good audio-visual department within the college which has handles all of the filming. The costs are as follows: An 8 mm camera with a zoom lens for taking the film is used and thus far we've used a $300.00 Yashica camera for this purpose. I must add, however, that in the future we intend to use a 16 mm camera and transpose the 16 mm film to 8 mm film for sharper features. The film itself costs $4.50 for buying and processing 50 feet of Kodachrome film. We have used cheaper film in experimentation and find it not worthy of our efforts,and so from now on we will be using only Kodachrome film. Films last from three minutes to fifteen minutes, depending on the film content. The cost of one empty cartridge is $9.95. The sound-stripping costs 2½¢ per foot. Our college can now put on the sound track, which will eliminate this cost. The copy costs 10¢ per foot, and a protective film for the copy is $2.50. The cost of the Fairchild Mark IV viewer is $585.00. The cost of one carol, the carol that you see on my far left, is $130.00. These carols are made in the maintenance department of the college and, as you can see, will allow space for earphones, for tape recorders, and other audio-tutorial equipment that we'll probably use in the future.

So, what would one fifteen-minute film cost?

When all of the large equipment is available, the cost is approximately $22.50 for one film. This, of course, does not include the time and cost of the instructor and the photographer. However, the administration of our college is considering giving released time or extra compensation for filming. We feel that this is very inexpensive when we are considering eventual valuable time saved by the instructor and the value derived by the student.

This concludes our presentation.

THE UNIVERSITY OF WASHINGTON
PROGRAM FOR PREPARATION OF ADN INSTRUCTORS

Doris A. Geitgey, Ed.D.

It is a real pleasure for me to have the opportunity to present to you one of the new programs for preparation of teachers for ADN programs. I am sure that it is no news to you that the shortage of qualified teachers for all nursing education programs is the major problem confronting nursing education today -- this situation is especially serious for ADN programs in light of the predicted 445% growth of such programs in the United States by 1970.

I feel especially privileged to be here with you today for three reasons. First, as a new member of the University of Washington School of Nursing faculty, I believe that I am fortunate to be working with a group which is vital, dynamic, and forward-looking. I have been stimulated and encouraged, during these past five months, by the enthusiasm, soundness, and creativity of the Dean and faculty of the School of Nursing. I am delighted that these faculty members are in general agreement with the concept of Associate Degree in nursing programs for the State of Washington.

Secondly, I am greatly impressed with the leadership given by President Charles Odegaard in support of the community colleges in Washington, As he stated in his _Report from the President to the Faculty, October, 1966_, "It is incumbent upon us at the University to be cognizant of developments in the state colleges and community colleges, and to recognize these institutions as important partners in post-high school education." (p. 4). President Odegaard further stated that:

> "The newer types of subprofessional or technician assistants often need specialized technical instruction requiring at least a year or two of education beyond high school. All too often we who are engaged in university education have paid little attention to such technician or vocational education. We have assumed that the subprofessionals needed as assistants by the professionals whom we educate will somehow be produced. Hence we have neglected communication with teachers and administrators in technical institutes and in vocational programs of community colleges. This

> indifference does little harm in the case of traditional crafts or of long established technical courses; but clearly we contribute to waste and confusion at a time of rapid change if we do not actively follow the consequences of new technologies or procedures upon the world in which the professionals we educate will work, and if we fail to communicate to those actively responsible for technician and vocational education the possible impact of our discoveries upon the working situations for which they too are preparing students." (pp. 8-9)

I was personally pleased that the President cited Dr. Fred Giles as having been "....the prime mover in encouraging some explorations of the relationships between professional and subprofessional groups and of the changing patterns of technician support." (p. 10) In addition, Dr. Odegaard says, "....It is also realized that more progress could be achieved if within certain faculties, particularly engineering, the health professions, and business administration, specific faculty members could be found who would aid their own colleagues in detecting what might be called the potential fallout for technician education of changes in their own profession." (p. 11) I believe that these quotes are indicative of the interest in and support for community colleges that President Odegaard demonstrates.

The third reason I feel fortunate to be with you today is that this conference provides a rare opportunity to present to such a large group of interested people the development of and plans for the associate degree in nursing project, a truly cooperative effort between the University and community colleges.

The development of associate degree nursing programs since their beginning in 1951 has been nothing less than phenomenal. In this relatively short span of time since Montag's research was reported, these programs have increased in number from 7 to approximately 175. I say "approximately" because as I am speaking, there is a good chance that 2 or 3 more such programs are being approved! In the State of Washington the first program was opened in 1960 at Clark College in Vancouver. Now there are 6 functioning ADN programs: Clark, Yakima Valley, Columbia Basin, Highline, Everett and Shoreline. Other colleges are moving in the direction of developing such courses of study.

As those of you who are involved in such programs know, there are some major problems associated with developing and conducting programs of nursing education. Among these are cost, adequate clinical facilities, and availability of adequately-prepared faculty.

It is the third problem -- availability of adequately-prepared faculty-- with which I am most directly concerned, and of which I wish to speak today.

Early in 1966 the School of Nursing submitted to the W. K. Kellogg Foundation a grant proposal for a three-year project focused on the recruitment of qualified students to prepare for teaching and leadership positions in ADN programs and on finding ways to strengthen and improve the preparation of these persons. The proposal was prepared by Dr. Edith Metz of the School of Nursing, with the assistance of Dr. Frederic T. Giles, College of Education, and was approved for funding in the amount of $71,932 by the Kellogg Foundation. A project director was employed, and the project was under way by September 1, 1966. Five major aims of the project were identified in the grant proposal. I should like to discuss each of these aims, and the plans that are being developed and pursued to meet them.

The first aim is, "To offer a program leading to the master's degree that will prepare students for a successful career in teaching in ADN programs." To meet this aim, a 45-credit program was designed which currently includes 18 credits in advanced nursing theory and field work, 15 credits in nursing research and thesis, and 12 credits in higher education. Although about one-half of the 18 credits of advanced nursing theory are devoted to the clinical nursing specialty, we are including 3 credits in teaching in schools of nursing, 5 credits in curriculum development, and 3 credits in practice teaching. While these courses are not specifically designed for teaching in ADN programs, each provides opportunities to develop a project on this level. It is anticipated that arrangements will be made so that some of the individuals enrolled in the practice teaching course may gain this experience in local community college programs. There are also some possibilities that the project director may be involved in presenting seminars related to teaching in ADN programs in each of the three courses.

In relation to courses in nursing research and thesis writing, we are encouraging those students who are interested in teaching in ADN programs to select problems in that area for their research. I believe that you will be interested to know that at least six theses are being written this year related to ADN programs, including expectations of graduates of ADN programs, team teaching, evaluation of ADN students, and needs for orientation of new ADN faculty. Hopefully, these theses will provide some of the "fallout" of which Dr. Odegaard spoke.

As for courses in higher education, we are requiring the students enrolled in our program to include the course on The Junior College, and recommending college teaching plus one additional course. We are also recommending one course in human relations-group process, in preparation for effective functioning in team teaching relationships. So much for our plans to attain the first major aim of the project.

The second specific aim is, "To encourage increased numbers of graduates to choose the field of teaching in ADN programs as their major area of concentration." This fall, it was my pleasure to discuss with the 104 newly-enrolled pre-master's students the advantages of teaching in ADN programs, and the purposes of the project. It was encouraging to learn that of the 104 students, approximately 40 were interested in teaching in community college nursing programs. In view of the fact that in 1964 and 1965, only 5 master's graduates entered ADN programs, it appears that we are making progress toward achieving this project goal.

The third objective is, "To stimulate greater awareness of the career opportunities in ADN programs among undergraduate and graduate students." Efforts are being made to meet this objective through posting of employment opportunities and through discussion with individual students about the possibilities of teaching in ADN programs. On December 7th a coffee klatch was held to discuss the project plans and employment opportunities with interested students. In planning this get-together, Dr. Metz and I estimated that approximately 30 students would attend. Unfortunately, the date selected for the affair was December 7th and this was the day that our usual precipitation turned white! Only 9 students braved the snow to attend. We hope to have a similar meeting later this spring when there may be less likelihood of Mother Nature interfering -- at least in the form of snow. Let me assure you, too, that when you send us information regarding teaching vacancies we do make efforts to inform students of them. I hope that we can be of real assistance in meeting your needs for qualified faculty through making students aware of career opportunities in teaching in ADN programs.

The fourth aim of the project is, "To provide an opportunity for the continuing education of directors and instructors of ADN programs in the Northwest to increase their leadership and teaching effectiveness." When the grant proposal was developed it included plans for a summer workshop for currently employed faculties of ADN programs in the Northwest states. This workshop is scheduled for August 6-18, with Dr. Fred Giles as coordinator and Dr. Dorothy T. White, Chairman of the ADN Program, Rockland Community College in New York, as resource person. The content of the workshop was selected as a result of a survey, in which all community colleges were asked to make known the needs of faculties of ADN programs for continuing education. The responses indicated needs were in: understanding the philosophy of community colleges, utilizing teaching resources, and improving curriculum and instruction. These needs served as guidelines for developing our workshop. We hope that ADN faculty members will find it helpful and stimulating.

In addition to the summer workshop provided by the Kellogg grant, there are opportunities available to faculties of ADN programs to be participants in institutes and workshops offered by the Continuing Education Committee of the School of Nursing. For example, a one-week workshop on clinical teaching is being presented February 20-24. Because of the interest expressed in this workshop, there is a strong possibility that it will be repeated the week of April 10-14. Institutes related to clinical nursing practice are also available through the Continuing Education Committee, chaired by Margaret Regan, with the assistance of Louise Shores.

The fifth, and final, aim of the Kellogg Project is, "To develop a model for the induction of the young master's graduate into community college teaching." It is this phase of the project that promises challenges and exciting developments, insofar as the project director is concerned. Plans call for a one-year post-master's program for four students, at least the first year, during which the students will be employed part-time by one of the cooperating community colleges, and will enroll in seminars on teaching in ADN programs in the student aspect of the program. The teaching role will be a guided experience under the supervision of the project director, with the assistance of faculty members in the colleges. The seminars will be devoted to application of theories of teaching-learning processes, curriculum development and instruction, and institutional research to the teacher in ADN programs. For the first year, tentatively Everett and Shoreline Community Colleges will provide the facilities for the guided experience. It is foreseen that additional colleges will be requested to participate in this program in the future, as enrollment for succeeding years holds promise of exceeding the limit of four -- in fact, five students have already applied for the program to start in September, 1967. We hope to do sound evaluation of this venture, on a research basis, to determine whether or not such an offering could provide an effective model for the induction of new master's graduates into community college teaching. I personally feel that this approach may provide one method for improving the quality of teaching in ADN programs, and for providing community college administrators with more adequately prepared faculty for such programs. If such an induction model proves effective in nursing education, it may well provide a pattern for similar approaches in other educational fields and disciplines, such as engineering and business administration.

As I have attempted to describe, it is obvious that the ADN Project at the University of Washington is a cooperative venture. The University is attempting to meet the needs of administrators and faculties of ADN programs; we, in turn, need the cooperation of local community colleges in providing practice teaching facilities for the pre-master's student interested in teaching in an ADN program, and in willingness to participate in the post-master's part-time guided teaching experience. All of us who are involved in this project are committed to the goal of improved teaching in ADN programs through the preparation of more and better-qualified faculty members for this important, rapidly-growing, and urgently-needed program of nursing education.

Finally, I am reminded of a story. A chicken and a pig were walking into the world to seek their fortunes. As time passed by, both became quite hungry. Finally, they came upon a restaurant, and the chicken said, "Friend pig, let us go in there to eat." The pig looked at the restaurant and said, "OH, NO!" "Why not?" queried the chicken. Said the pig, "See you not that sign which reads, 'Ham and eggs, 80¢'?"; to which the chicken replied, "Yes, but what does that portend?" Friend chicken," said the porker, "for you, only a donation; for me, total commitment!"

Thank you.

FACULTY PREPARATION FOR ASSOCIATE DEGREE NURSING IN A MASTERS PROGRAM

Mary W. Searight

We're both talking about the virtues of the Kellogg Foundation and we really shouldn't make light of it, but it reminds me of several years ago when many of the associate degree programs were getting started. So many had financial assistance from the Kellogg Foundation, that the students were often referred to as the Corn Flake Kids. I was just thinking that as Doris and I were getting up here and talking about our Kellogg projects, we must also be Corn Flake Kids.

This past July at the University of California in San Francisco, the School of Nursing also received a grant from the Kellogg Foundation. The purpose was to extend their teaching preparation program in associate Degree nursing education. The intent at that time was not to develop a separate program, necessarily, for the preparation of teachers for the associate degree in nursing, but to extend and possibly enrich the existing program.

The UC School of Nursing has, for several years, been preparing a considerable number of teachers for the junior college. The student interested in the associate degree program while enrolled at UC was encouraged to prepare a project in the curriculum course related to the junior college. She could select any area that she might be interested in. She was encouraged to take the course on philosophy and objectives of the junior college as an elective and then take practice teaching in an associate degree program.

The philosophy of the University of California states that graduate work leading to a masters degree shall be completed within one year. The School of Nursing adheres to this philosophy and the curriculum is planned in such a way that a student with no deficiencies can complete the requirements for the Master of Science Degree with a major in nursing in three quarters. This involves 36 units of graduate level credits.

Let me briefly describe these three quarters to you. Each quarter consists of twelve units, beginning in the fall and continuing through all three quarters, the students taking four units of their chosen clinical major; medical/surgical nursing, psychiatric nursing, maternal child nursing, or community health nursing. The University put strong emphasis upon clinical experience at the graduate level. In the fall, the students may also take a four unit course in "Perspectives in Nursing." This is sometimes referred to as "Issues in Nursing, Past and Present" or "Ecology of the professions." The student also takes a course in beginning research methodology for four units. All of these courses are required for graduation.

In the winter quarter, the student again continues the clinical major for four units. There are a possible eight units for elective for the winter quarter as well as for the spring quarter, depending upon her clinical major. Maternal child nursing and psychiatric nursing majors have four to eight units of highly recommended electives which the student usually takes. These courses are advanced growth and development or psychology courses. There are no other specific requirements for the master's degree and the student is free to choose from graduate electives given in the School of Nursing as well as in the Berkeley Campus. Most students who plan to teach take curriculum as an elective during the winter and take practice teaching as an elective during the spring. There are a number of independent study courses through which the student can pursue special interests, either as a master student or through post master work.

The master's program is extensive; we gasp a little and so do the students before the year is over. The length of the program and its content is something which comes up for discussion quite frequently, and often the faculty do not agree. But let me share with you some of our feelings about what we are doing at the present time.

With the shortage of nurses with advanced preparation in nursing, and considering the high cost of educating this nurse, both in time and money, it is felt to be better to share the stipend money among more, prepare them more intensively, give them beginning skills and abilities, and have faith that the majority will continue to grow and go under their own steam after graduation. We have believed in what is best for the most. This program gives the graduate a starting point, and for a mature, experienced nurse -- especially one who has some experience in teaching prior to admission -- she is ready to go, and is not held back by requirements which might keep her from the teaching market for another year.

What about the student who is not so mature and has little or no experience? We do not pretend that this person is a finished product when she completes the program. She has a master's degree, but she knows as well as many of us know that what she needs most is experience, both in nursing and in teaching before she will become a capable teacher. If this new teacher plans to go right into teaching, she is encouraged to accept a position on an established faculty where she will receive supervision until she can develop more of her potential. She is not prepared -- nor is a person who has never had any teaching experience prepared, to go from UC's Master's Program into a situation where she might be required to take responsibility for setting up a new program or to work in a situation where no supervision could be provided.

So much for the program in teacher preparation as it is at the moment. What am I doing? Or what have I been doing? For one thing I have visited some of you in the Eastern and Southern part of the country. Yes, Chicago is East to me. I kept saying I'm going East - to Chicago - and people in Chicago thought I was out of my mind. It was most helpful to observe other teacher preparation programs and other junior college nursing programs in Illinois, New York and Florida. I have visited junior college nursing programs in Northern California, and talked with faculties about their programs and about teacher preparation. I have attended dozens of conferences and committee meetings. I have filled sheets of paper with dream associate degree nursing teacher programs.

Presently, I am teaching a seminar in associate degree nursing education. It is a two unit course which is a survey study of associate degree nursing, as it relates to the philosophy of the junior college, to the nursing profession, to faculty preparation, to the student, and to the graduate. This course is open to all graduate students, whether they plan to teach in the junior college or not. Those who will be teaching baccalaureate level or who will be in supervision find it helpful to understand the objectives and purpose of the program as well as gain some understanding of what the expectations for the associate degree graduate might be. Students in this seminar group are preparing projects related to special interests in the junior college and I find the projects most interesting. There are ten students attending the seminar now, but in the spring it will no longer be a seminar, because at least thirty students have indicated an intention to attend. It is very encouraging to me (as it is to Doris, I am sure), to know that whether students intend to teach in the program or not, they are interested in knowing more about associate degree nursing.

This spring quarter, I will have fourteen to fifteen student teachers. Most of them will be in the junior college for practice teaching. This spring quarter, there will be more than 60 students, in all, doing practice teaching, and 23 of these students have indicated an intention of teaching in the junior college. The practice teaching course at this moment carries six units of credit; two hours of lecture discussion; two hours of seminar; and six hours for teaching field work. The seminar related to this course involves teaching/learning content and problems encountered by the student while doing practice teaching.

One of the first things which occurred after my appointment was the formation of an Ad Hoc Curriculum Committee to assist me in an advisory and functional way. I have been very fortunate to have the assistance of Verle Waters, Maura Carol, Shirley Chater, and Alice Ingmire. We try to meet at least every month. They have been most helpful in orienting me to policy, philosophy and procedure as well as offering constructive criticism and support. With the help of the committee, a regular summer course has been planned as well as one for continuing education.

This summer, the first six weeks, we will offer a six unit course in associate degree curriculum. This course is planned for our own master's students who would like to teach in the junior college, and who can attend -- as well as other teachers in associate degree nursing programs who feel they might benefit from this study. Verle Waters and I will be presenting this course. It will encompass the factors influencing curriculum development in the associate degree nursing program; the development of objectives; selection of content and learning experiences; as well as evaluation. This is for six weeks, six units, starting about June 19th.

Following this course will be another offered through continuing education for one week. This course will approach issues in curriculum change, and is planned to assist established faculties with such problems as integrating content, shortening the program by deleting a summar session, or for those planning to change from semester to the quarter system. Those of you who are in California know that since the University of California changed from semester to quarter just this year, there's a beginning push for the junior college program to change from semester to quarter, and this is playing havoc with some nursing programs. This course will carry two units of credit and will be taught by Verle and myself.

Now, I have discussed briefly the philosophy and purpose of the University of California, San Francisco, School of Nursing, in regard to teaching preparation as it exists. I have described some of the additions and activities which the Kellogg Grant has provided and now I would like to take a few minutes to talk about future plans. Or perhaps I should say tentative plans, for these ideas are still being studied by the Committee and have not been presented and approved by the total faculty - so this is still in the talking and planning stage.

Many of the graduate faculty and others feel that completion of the requirements for the Master of Science in Nursing in three quarters does, as was mentioned earlier, give the student a very elementary start in teaching. While the program is open ended, so to speak, there is strong feeling that a more structured approach to teacher preparation, especially the teacher with no experience beyond the masters, should be considered. This concern is not only for the teacher in the associate degree program, but for those planning to teach at the baccalaureate and masters level. At this moment, a committee is working on a residency program, and here again I think you've heard the general theme several times during this convention. Not only would this residency program include all kinds of teacher preparation, but may include residency practice in administration, consultation and clinical practice. The student would be enrolled in the School of Nursing as a post-masters student and given an opportunity to utilize in practice what she has been learning. At the same time, she would be taking supporting courses to enrich and reinforce the practice. As you may have heard from Mr. Hill's presentation, intern or residency method for preparing teachers has been successfully used for some time. I received my preparation to teach in a junior college through an internship program. Whether the student is hired full time or part time by the agency, or whether she is participating solely as a student with no financial obligation on the part of the agency, could present some minor differences in the program, but the main purpose, as I see it, and the great advantage for teacher preparation for associate degree nursing teachers, would be to become involved actively in the real teaching-learning situation over a long period of time -- time to become oriented to the institution, to the faculty, to the philosophy of the program. Not only is time a factor but curriculum and learning theories really come alive when one has to develop content appropriate to teach in the classroom and in the clinical area. We are fortunate to have a number of excellent associate degree nursing programs in the Bay Area and within reasonable commuting distance. The faculties of these agencies have been most helpful as cooperative teachers in the past and have done much to contribute to the development of our practice teachers. We do appreciate your efforts! Threequarters of post-masters residency would also give the beginning teacher time to evaluate herself and determine whether she needed to increase her skill and knowledge in other areas, such as the development of a clinical minor. As you know, it is often essential that one be able to teach in more than one clinical area. She might feel the need for more study in group dynamics or counseling, or perhaps her skill in the development and use of evaluation tools could use some reinforcing. She could pick up this course work according to her felt need as she was participating and practicing in teaching.

One precaution should be taken in the balance of course work and field work. The student teacher should not become so burdened with class work and study that she cannot devote the needed time to preparation for her students. On the other hand, she must not be deprived of well-planned study for her individual development through conferences with resource people in her clinical areas, as well as with her supervising teacher. On Thursday morning, we had trouble with the term "Technical Nurse." What was she? This same question has reappeared many times throughout the conference. Problems have been mentioned about what she is prepared to do, about interpreting her role to the lay public, school administrators, doctors, hospital administrators and hospital staff as well as nurses in general. This question is extremely important to those of us engaged in teacher preparation and the U.C. School of Nursing was aware that some study was needed in this area. Consequently, a grant was applied for and received, again from the Kellogg Foundation, for a study of content differences between technical and professional nurses. This project is under the direction of Shirley Chater and Verle Waters. It should provide some important guidelines to the selection of content appropriate to teach at both levels.

To say that those of us engaged in teacher preparation, along with those of you teaching in junior college have a tremendous responsibility and challenge is repeating many others. But I would like to reinforce the point. We are all helping to shape a whole new era of nursing education. The product, the associate degree graduate, can be very good. We know that. But she can be only as good as her teachers help her to become. We need excellent teachers to teach this demanding dynamic program.

PROGRAM

"CRITERIA FOR QUALITY"

Fourth National Conference for Associate Degree Programs in Nursing

* * * * * * * * * * * *

Friday and Saturday
March 3-4, 1967
San Francisco, California

FRIDAY, MARCH 3rd........................	PEACOCK COURT HOTEL MARK HOPKINS
SATURDAY, MARCH 4th......................	EMPIRE ROOM THE SIR FRANCIS DRAKE HOTEL

* * * * * * * * * * * *

Sponsored by

DEPARTMENT OF ASSOCIATE DEGREE PROGRAMS
National League for Nursing
10 Columbus Circle
New York, New York

FOURTH NATIONAL CONFERENCE FOR ASSOCIATE DEGREE PROGRAMS IN NURSING

"CRITERIA FOR QUALITY"

March 3-4, 1967
San Francisco

Chairman: ISAAC K. BECKES

* *

Friday, March 3rd
9:00-5:00 p.m.

PEACOCK COURT
HOTEL MARK HOPKINS

MORNING SESSION

GREETINGS!

National League for Nursing . . . . . . LOIS M. AUSTIN, President
California State League for Nursing . . . . . . MARGARET HARTY, President
. . . . . . SIDNEY E. McGAW, Pres.-elect

FEDERAL AGENCIES & FUNDING . . . .

"Nurse Training Act of 1964" . . . Division of Nursing, USPHS
JESSIE M. SCOTT
DOROTHY E. REESE
CONSTANCE HOLLERAN
MARY JO MIRLENBRINK

. . . Division of Health Manpower Education Services
MARY L. SIEVER

"Vocational Education Act of 1963" . . . . . West Coast Representative
CELESTE MERCER

REPORT AND COMMENTS . . . .

Council of Member Agencies — DOROTHY T. WHITE, Chairman
Department of Associate Degree Programs — GERALD J. GRIFFIN, Director

RESEARCH PROJECT ANNOUNCEMENT . . . . . .

"Survey of Associate Degree Programs in Nursing" . . . SYLVIA LANDE

HAWAII IN TRANSITION . . . . CYNTHIA G. BARNES
University of Hawaii

Lunch

Friday, March 3rd
2:00 p.m.-5:00 p.m.

PEACOCK COURT
HOTEL MARK HOPKINS

AFTERNOON SESSION

PANEL ON ACCREDITATION	ISAAC K. BECKES, Moderator
"An Overview of Accreditation"	FRANK G. DICKEY Executive Director National Commission on Accrediting
"The American Association of Junior Colleges' View of the Associate Degree Nursing Program"	BILL J. PRIEST President American Association of Junior Colleges
"The ANA Views Associate Degree Nursing"	JO ELEANOR ELLIOTT President American Nurses' Association
"Accreditation: Viewpoint of Baccalaureate and Higher Degree Programs	LULU WOLF HASSENPLUG Chairman DBHDP, Council of Member Agencies
"Values of Accreditation to a Community College"	JAMES MCCANN President Henry Ford Community College

DISCUSSION

Saturday, March 4th
9:00 a.m.-4:00 p.m.

EMPIRE ROOM
THE SIR FRANCIS DRAKE HOTEL

Presiding: ISAAC K. BECKES

* * *

MORNING SESSION

"Criteria for Change"	SHIRLEY S. CHATER University of California
"Innovations in Nursing Education"	ELEANOR A. TOURTILLOTT Henry Ford Community College
"Clinical Teaching by Video Tape"	BEATRICE PERLMUTTER ALICE EHRHART Bronx Community College
"Developing Single-Loop Films and Teaching Aids within the College Structure"	SHIRLEY CONKLIN ROBIN SCHECHTER College of Marin

AFTERNOON SESSION

"Kellogg Project Program: Post Masters Education for Associate Degree Nursing"	DORIS A. GEITGEY University of Washington
"A Graduate Program for ADN"	MARY SEARIGHT University of California
"Nursing for the Space Age: Aerospace Activities"	LT. COL. META MILLS Edwards Air Force Base
"Summary & Discussion"	

CURRENT PUBLICATIONS

Please detach and mail to: National League for Nursing, 10 Columbus Circle, New York, N.Y. 10019

No. of Copies		Price
_____	CRITERIA FOR QUALITY, Part II. Proceedings of the Fourth National Conference, March 3-4, 1967, Francisco. Code No. 23-1285.	$1.75
_____	THE UTILIZATION OF ASSOCIATE DEGREE NURSING GRADUATES IN GENERAL HOSPITALS. Betty L. Forest, League Exchange No. 82, 1967. Code No. 23-1278.	1.50
_____	CRITERIA FOR QUALITY, Part I. Proceedings of the Council of Member Agencies General Meeting, March 2, 1967, San Francisco. Code No. 23-1273.	1.25
_____	FACTORS AFFECTING THE ESTABLISHMENT OF ASSOCIATE DEGREE NURSING PROGRAMS IN COMMUNITY JUNIOR COLLEGES. Mildred S. Schmidt, League Exchange No. 77, 1966. Code No. 23-1222.	1.75
____	LEADERSHIP FOR QUALITY. Proceedings of the Third National Conference, March 4-5, 1966, St. Louis. Code No. 23-1240.	1.50
____	CRITERIA FOR THE EVALUATION OF EDUCATIONAL PROGRAMS IN NURSING LEADING TO AN ASSOCIATE DEGREE. Revised Edition, 1967. Code No. 23-1258.	.75
____	SELECTED BIBLIOGRAPHY ON ASSOCIATE DEGREE NURSING PROGRAMS AND NURSING EDUCATION IN JUNIOR AND COMMUNITY COLLEGES. 1966. Code No. 23-47.	.10

* * *

Please complete the form below:

NAME______________________________

ADDRESS______________________________

____

____

Payment of $______is enclosed ☐ Please bill me ☐

NOTE: Orders of less than $5.00 cannot be billed. Please send Check or money order. Thank you.